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The International Anti-Smoking Movement

ORGANIZATIONS AND INDIVIDUALS

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June 1986

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EXECUTIVE SUMMARY

Following adverse reports about smoking and health in the 1950s and 1960s the ANTI-SMOKING MOVEMENT began sporadically in disparate countries & regions. Early organisations involved at that time still operate.

From 1967 (First World Conference on Smoking and Health) anti-smoking began to take on an international dimension, beginning with Union Internationale Contre le Cancer (UICC) in 1969, followed by World Health Organization (WHO) in 1975. Up to the mid-1970s they were acting more or less independently.

Since 1980 more international organisations have taken up positions on tobacco. They include International Agency for Research on Cancer (IARC), the International Union for Health Education (IUHE), the International Union Against Tuberculosis (IUAT), the International Organization of Consumers Unions (IOCU) and the European Community (EEC). The speed of adoption of these positions has accelerated, and the positions themselves are more extreme and more intense. The activities undertaken include publishing, meetings, and (for WHO and EEC) debates & resolutions. Their initial public was scientific, but although their decisions & activities are not binding on anyone, their influence is bearing more and more on decision-makers & politicians either directly (e.g. via EEC Council of Ministers) or indirectly via pressure groups and national health associations.

Especially crucial is the fact that the international organisations are acting together against smoking, in organising joint meetings for example, and more especially by the cross-fertilisation produced by the contributions of the leaders of the movement - Nigel GRAY, Kjell BJARTVEIT, Lars RAMSTROEM, Mike DAUBE, Simon CHAPMAN and Roberto MASIRONI being the most prominent. Whichever organisation hosts an international forum, one or other of these people is bound to be present. In the context of collaboration, the International Liaison Committee (set up by UICC) is particularly important.

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INTRODUCTION and OVERVIEW

It was the general consensus of observers that with the Fifth World Conference on Smoking and Health (July 1983), the anti-smoking movement had come of age, and this present report has been assembled to document the increasing collaboration in the international anti-smoking movement over the past few years. Despite numerous influential national reports (the U.S. Surgeon General at intervals from 1964, the Royal College of Physicians at intervals, many individual studies and papers), smoking issues only became really international in 1975 with the first World Health Organization report "Smoking and its effect on health" (TR 568). The political agitation about tobacco, until quite recently, has been limited to disparate units operating on their own territory.

These national bodies still exist, and are still pursuing their anti-smoking aims. They include, as examples, The Health Education Council (UK), Health Education Bureau (Eire), National Interagency on Smoking & Health (USA), and National Council on Smoking & Health (Norway). These government bodies are aided and abetted by pressure groups such as Action on Smoking & Health (UK & USA), Group Against Smoking Pollution (USA), Conseil National Contre le Tabagisme (France) and BUGA-UP (Australia). They implement, within their limits and at the local level, the resolutions and decisions of a number of international organisations which took up anti-smoking positions in the 1970s. The aim of this report is to describe these international organisations, and demonstrate how the anti-smoking movement is becoming an integrated and unified operation, even though there is not one single international anti-smoking organisation.

World Conferences have been held regularly, (New York 1967; London 1971; New York 1975; Stockholm 1979; Winnipeg 1983; Japan planned for 1987), but the first international document was from the Union Internationale Contre le Cancer ("Influencing smoking behaviour" 1969). The UICC have continued their publishing, and were joined by the highly influential World Health Organization (WHO) with the report already quoted (1975). About 1979, the European Economic Community (EEC) and its constituent parts began taking an active interest, and other bodies studied - the International Agency for Research on Cancer (IARC), the International Union for Health Education (IUHE), the International Organization of Consumers Unions (IOCU) - all began activity in the 1980s.

One of the most remarkable aspects of this evolution has been the speed with which intense stances have been adopted by these bodies. Beginning with references in passing to tobacco at its 1981 General Assembly, the IOCU in five years developed a full-scale programme against tobacco promotion. At only its second Smoking & Health Committee meeting (1983) the IUAT already began co-operating with the WHO, preparing a briefing paper on tobacco for its members, and planning a smoking survey among medical students. From having no position on smoking since its formation (1951) the IUHE published a complete anti-smoking edition of its journal "Hygie" (March 1983), and elected as President in 1985 Dr. Harry Crawley, Director of the Health Education Bureau (Eire) and an active anti-smoker.

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Of these organisations only the EEC has some legislative authority, but their combined influence is formidable, firstly in scientific circles, and latterly in the political arena.

This report is best seen as an initial effort to document the influence of the anti-smoking movement. The sources are all taken from published documents listed in the bibliographies. Inevitably the choice of people and organisations has been subjective, and other subjects for study will be doubtless be included in up-dates to the report.

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In the most recent documents from the WHO (Director-General's Report and the Resolution adopted by the World Health Assembly in May 1986) and the EEC ('Europe Against Cancer') (1986), tobacco use is condemned in the most determined way, in language that admits no nuance or subtlety. The most obvious sign of the integration of the anti-smoking movement was the formation (1983) of the International Liaison Committee on Smoking and Health by the UICC, with Dr. Nigel Gray as Chairman.

Another crucial phenomenon has been the constant re-appearance of specific individuals on the anti-smoking scene. There has been cross-fertilisation of ideas and opinions between organisations because the same group of committed anti-smokers appears within the framework of these different organisations. Examples are BJARTVEIT (working for UICC, WHO and IUAT), GRAY (UICC, IARC), RAMSTROEM (WHO,UICC), and MASIRONI (WHO and IUAT). Moreover, meetings or workshops will often be organised jointly, especially by UICC and WHO, and latterly in Penang (Malaysia), by UICC and IOCU.

It is interesting to note that of the six 'leaders' whose careers are outlined here five are from Anglo-Saxon/Scandinavian cultures. Dr. Nigel GRAY is Australian, Simon CHAPMAN also, Mike DAUBE is British, Lars RAMSTROEM Swedish, and Kjell BJARTVEIT Norwegian. The movement contains a number of people who have been convinced anti-smokers for twenty years or more, BJARTVEIT and RAMSTROEM for instance, (see also 'Anti-smokers of long standing' Appendix 1). All these people have worked as colleagues on the same reports, in committees, at workshops, on campaigns etc. (see Appendix 2)

The kinds of activity that can be done by these people and organisations are

- publications; for example
  experts' reports (e.g. "Controlling the smoking epidemic", WHO 1979)
  monographs ("Legislative action to combat the world smoking epidemic", 1982)
  bulletins & activist guides ("Guidelines on smoking control" 2nd ed. 1980 UICC) ("The Lung Goodbye" 1983 IOCU)
  surveys ("Actions against smoking in the member states of the European Community")
  (EEC 1983)

- meetings; for example
  UICC Smoking Control Workshops: several per year, various countries
  WHO International Seminars on Smoking & Health (see WHO entry)

- debates; The EEC and WHO are uniquely placed to put forward resolutions in their debating bodies, which ultimately polarise opinion around the issue and bring pressure to bear on their constituent Member States.

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WORLD HEALTH ORGANIZATION (WHO)

The WHO is a Specialised Agency of the United Nations, with 165 member States, governed by an Executive Board (twice-yearly) and the annual meeting, called the World Health Assembly. The Assembly is attended by senior politicians (normally Health Ministers) and senior medical personel from each member State.

The very abbreviated organisation chart and the budget figures (Appendix 1) give some idea of the vast scale of WHO's operations; the immense range of its health-related interests can be seen from the contents-list of its publications catalogue (Appendix 5) and its organisational divisions (Appendix 2). The WHO charter gives its first objective as "the attainment by all peoples of the highest possible level of health", a goal given practical expression by the Alma-Ata declaration of 1978 and all the planning and other activity supporting the impetus of "Health for All by the Year 2000".

SMOKING

Within the total operation, the WHO's commitment against tobacco has been expressed in various documents:

1. Most recently, the Resolution passed unanimously by the World Health Assembly in May 1986, and the Director-General's Report on which it was based. (See Appendix 6)

2. World Health Assembly decisions & resolutions (Texts given in Appendix 3).

3. Documents emanating from the Regional Offices, especially the European Office in Copenhagen (see "Regional targets in support of regional strategy for Health for All", Appendix 4).

4. Reports from Expert Committees (see bibliography).

5. Internal policy documents (see bibliography).

6. Proposed Programme Budget 1986/87. Issued in 1984, this planning document contains a serious position statement of WHO's view of smoking, and its implications for health and economics. Translated from the French version (only one available at time of writing), it is quoted in extenso:-

"The use of tobacco is the most widespread risk factor in the aetiology of lung cancer, cardiovascular diseases, and other disorders covered by this programme. An estimate of the number of premature and avoidable deaths due to tobacco use would be higher than 500,000 in Europe alone, while in the USA over 300,000 deaths per year result from tobacco use. The WHO Expert Committee on Smoking Control Strategies in Developing Countries which met in 1982 confirmed that the number of premature or avoidable deaths resulting from tobacco greatly exceeded 1 million per year, even according to the most cautious estimates.

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"Apart from premature death, enormous numbers of debilitating illnesses, resulting in vast health care costs, and in production losses from absenteeism, can also be imputed to the use of tobacco. It is estimated that one-third of all cancer cases, 80% of lung cancer cases, 75% of chronic bronchitis, and 25% of myocardial infarct are due to cigarette smoking. The Expert Committees recently convened have all underlined that the diseases linked to smoking are responsible for such a rate of incapacity and premature death in the industrialised world, that just on its own the fight against tobacco could be the greatest single contributing factor to the improvement of health and the prolongation of life in those countries.

"In the majority of industrial countries the public health authorities have more or less complete anti-smoking programmes in force; the expansion of the tobacco industry has been restrained to a certain extent by legislation and voluntary agreement, as well as by the increasing awareness of the dangers of smoking on the part of the general population. On the other hand, in most developing countries, commercial and other considerations have made the production, sale, and consumption of tobacco more difficult to control.

"Most industrial countries have managed to halt the increase of smoking incidence. In some, this latter has definitely diminished, above all in middle aged and educated men, but also in young people. By contrast smoking prevalence continues to increase in women though at a slower rate than in previous years.

"In most developing countries, the use of tobacco is expanding more and more. In some, like Nepal or Papua-New Guinea and several Latin American countries, smoking prevalence is as high as in industrial countries, or even higher. In the Arab Gulf states smoking incidence is rapidly increasing. In other Third World countries like India or Bangladesh the smoking of Western-type cigarettes is infrequent, but traditional modes of tobacco use, like the bidi or hookah, are widespread and provoke oral cancer or chronic respiratory disease, to levels never attained in Western countries. Bad housing, unhygienic environments, malnutrition, the absence of legislation against smoking, and the lack of information on the dangers of tobacco expose the peoples of underdeveloped countries to future epidemics of diseases linked to smoking."

Dr. Masironi is Co-ordinator of the Programme on Smoking and Health, (since about 1980) now a separate entity within the Division of Non-Communicable Diseases (NCD), but previously an adjunct of the Cardiovascular Disease Unit. His brief has implications for other programmes, notably cancer, cardiovascular disease, respiratory disease, oral health, occupational health etc. all of which have objectives and funds of their own. One result of this cross-classification is that 'Smoking and Health' is always well-integrated in the activities of these other programmes, especially publishing.

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The texts of World Health Assembly resolutions strengthen over the years and it appears that the unit under Dr. Masironi dates from the 33rd WHA (1980) which requested the Director-General "to further develop an effective WHO action programme on smoking and health ..." and also "to mobilise financial and other resources for the implementation of the programme." However the funds and resources at Dr. Masironi's disposal have never been made clear until January 1986, and it is a subject he seems to avoid in his own writings.

Funding of WHO Programme on Smoking and Health

In a document circulated to the Executive Board in January 1986, the Director-General gave the following details of the funding of the Smoking and Health Programme ;-

US$ 150,000 were made available during 1984-1985 for basic staff and operational expenses, this sum coming from regular budget funds. In addition, a sum of US$ 134,000 was granted from the Director-General's Development Programme, and US$ 360,000 came from non-WHO budget funds.

For the biennium 1986-1987, funding from the same sources is expected to be US$ 200,000 (regular budget funds), US$ 134,000 (D-G Development Programme) and US$ 380,000 from extra-budgetary funds, to be used for a study on "social costs" of tobacco.

The Director-General estimated that to continue the present work on a long term basis, US$ 200,000 would be needed from regular Budget (biennially), and in addition US$ 500,000 from extra-budgetary sources.

ANTI-SMOKING ACTIVITIES

In his presentation to the Jakarta seminar (September 1984), Dr. Masironi outlined the activities undertaken by WHO to support their anti-smoking objectives. Below are some of the ways WHO activities do influence the anti-smoking scene, together with a few examples of actual situations. These examples are indicative only.

Publishing

Among the most important publicly available documents are

a) Expert Committee Reports
WHO has formally reported three times on smoking (see bibliography); the last report ("Smoking control strategies in developing countries") was widely publicised (see ANON World Tobacco, Multinational Monitor, Tabac & Santé) and is still often quoted when developing countries and tobacco are being discussed. It is very instructive to note the composition of these committees, which include many of the people who are renowned internationally for their anti-smoking stances, such as RAMSTROM (1975, 1979, 1983), MASIRONI (1975, 1979, 1983), DAUBE (1979, 1983), HORN (1975, 1979, 1983), LORANSKY (1975, 1979), GODBER (1975, 1979).

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b) Commissioned Reports
Such as those on constituent levels in developing countries (FRECKER), methods of estimating "social cost" (FORBES & THOMPSON) and the geographic prevalence of smoking among young people (MASIRONI & ROY). The only one that has been issued in formal published format by WHO Sales Division is the report on legislation (ROEMER); the others tend to be circulated in the anti-smoking milieux, briefly reviewed or summarised in the medical or specialist press, but not widely publicised.

c) "Tobacco Alert"
Previously "Tobacco Report", this is a cheaply-produced 4-6 page A4 size round-up of anti-smoking trends, appearing quarterly and sent free to any interested parties. It is issued by Dr. Masironi's unit.

d) Press Releases & Wire Services
Issued whenever a situation can be highlighted or exploited; examples are meetings (e.g. smoking control seminar in Lusaka, Venice conference on smoking in the young), documents (Expert Committee reports), etc.

e) Reports on anti-smoking seminars

f) Guidelines for surveys (see bibliography)
For example, in February 1984 SHAHIDULLAH reported on smoking prevalence in Bangladesh, noting that "one of the objectives of the seminar was to test the applicability and use of the WHO standardised questionnaire for smoking habit assessment."

g) Educational Material
In collaboration with the International Union for Health Education, Dr. Masironi's unit is preparing material on anti-smoking health education for developing countries.

Financial Assistance

Some examples of funding by the WHO include support for applied research (e.g. smoking surveys); aid in establishing laboratories and training analytical scientists; help in establishing national anti-smoking campaigns & 'No-Smoking Days'; support in the founding of national Smoking and Health Associations; funding of experts to address seminars and meetings.

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Meetings

Another highly visible means of concentrating attention is the series of seminars and conferences on smoking control (often sponsored jointly) each with its own attendant publicity, published proceedings, and political influence. Many of these meetings have been funded by special grants from the Swedish Development Agency. Some examples follow:

1. International Conference on Tobacco and Youth, Venice, (November 1981).

2. Fifth International Symposium on Prevention & Detection of Cancer, Sao Paulo (May 1982)

3. Tobacco & Cancer: New investigational approaches, Brussels (March 1983)

4. Effects of Indoor Air Pollution, with special reference to nitrogen oxides & smoking, Lyngby (January 1984)

5. Workshop on Smoking & Health, Suzdal, USSR, (September 1983)

6. Symposium on Smoking & Health in the South European Countries, Barcelona, (March 1984)

7. National Seminar on Smoking & Health, Dhaka (February 1984)

8. International Seminar on Smoking & Health, Lusaka (June 1984)

9. Seminar on Smoking & Health, Jakarta (September 1984)

10. Workshop on Smoking & Health, Khartoum (November 1984)

11. Smoking Control Workshop, Buenos Aires, (November 1985)

The WHO has taken a role in all the World Conferences, including the Fifth World Conference on Smoking & Health (Winnipeg, July 1983). However, despite preparing an address, the Director-General declined at the last moment to appear personally at the conference, and his speech was read by Dr. Masironi, who, with Dr. Al-Awadi (from Kuwait, and chairman of the latest Expert Committee) was the sole representative of the Organization at Winnipeg. An article speculating on Dr. Mahler's non-appearance was published in 'The Health Services' (TURNER). The absence of a high WHO profile at such a key meeting is in accord with an observer's opinion after the 1985 World Health Assembly, which gave the view that WHO bureaucrats are not very comfortable with radical interventionist positions since they have to answer to a controlling body representing governments with widely varying political stances.

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Integration with the other activities of the Organization

The WHO never loses an opportunity to mention tobacco when it is relevant to other parts of its work. In the context of the major campaign of 'Health for All by Year 2000' the European Regional Office conceives tobacco-smoking as a major obstacle, and this is echoed by the resolution of the Norwegian Medical Association urging their government to work for a smoke-free country (June 1981) which ended "The aim: a tobacco-free society by the year 2000 fits in well with the general target of the W.H.O. 'Health for All by the Year 2000'" (SVABØ). It is the European Office in Copenhagen which has carried out a series of surveys on smoking incidence; the current one is the fourth.

Another example of this integration of anti-smoking with other operations is the major survey of the 'present situation in prevention and control of lung cancer' (1982), of which the third paragraph began:-
"About 80-90% of all cases of lung cancer in developed countries are caused by tobacco - chiefly by the smoking of manufactured cigarettes."

The European Collaborative Trial in the Multifactorial Prevention of Coronary Heart Disease invariably includes smoking habits in the results from the various centres; thus the intervention in the study by KORNITZER included "health education promoting a cholesterol-lowering diet, smoking cessation, weight control, physical activity, and treatment of arterial hypertension".

Finally, in the series of annual 'World Health Days' the theme for 1980 was "Smoking or Health; the choice is yours" (see MAHLER).

Co-operation with other agencies & organization

As a specialised agency of the U.N., the WHO has considerable prestige on the international scene, as well as with its sister organisations of the U.N. itself. It was the Director-General who proposed that there should be no smoking at U.N. meetings (reported by ADAMS), and the exchange between WHO and FAO about tobacco-growing vs. allegations about the "Social Costs" of disease apparently led to some friction between the two agencies (LAND 1983, 1984) when the FAO issued its 'Economic Significance' booklet (1983), followed by the brief article in "Ceres" (March-April 1983), and despite the WHO using a right of reply ("Ceres" September/October 1984).

Other international bodies influenced by WHO include the European Parliament (the motion by DESOUCHES includes the preamble "Whereas ... the WHO and the Council of Europe have recommended a total ban on all advertising of tobacco products") and the EEC, with whom there was an exchange of letters in 1982 (RICHARD). Also included are the World Bank (ANON "International Agricultural Development" 1983), the International Air Transport Association and International Civil Aviation Organisation (a meeting on aircraft cabin air quality in 1983), and the organization of the World Cup (football) (Executive Board resolution 1982).

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INFLUENCE ON HEALTH POLITICS AND ON PUBLIC OPINION

The prestige of WHO is such that it can be quoted with very great credibility in a wide variety of situations, of which the most important are those where legislative decisions are being taken. An indicative sample of situations is given below, to demonstrate how WHO attitudes are used in political circumstances throughout the world.

- CANADA "The Task Force supports the WHO position that there should be total prohibition of all forms of tobacco promotion in all countries" (ONTARIO COUNCIL OF HEALTH).

- JAPAN "The 1975 WHO recommendations include restriction on tobacco advertisements. What is the government's view on the recommendation, and specifically what steps has it taken in response to it?" (KUSAKAWA).

- UNITED KINGDOM "Mr. Pavitt asked the Secretary of State for Social Services if he will seek at the World Health Assembly to stem the advertising and promotion of cigarettes and tobacco products in developing countries" (PAVITT).

- KENYA "Kenya has banned all smoking in public places in response to WHO's recently launched campaign ... " (ANON - World Health 1980).

- GULF STATES "This anti-tobacco campaign should constantly keep an eye on the following: (among others) - To maintain a liaison with other international health organisations, especially WHO and UICC ..." (EL RAHMAN).
"Health Ministers ... have closely followed the guidelines laid down by WHO which include a complete ban on tobacco advertising and promotion" (ANON - Arab Times).

- SOCIALIST COUNTRIES "The broad international collaboration contained in this symposium is very definitely the kind of positive development that is being looked for and promoted by WHO" (RAMSTROM). "It was also hoped that the meeting (at Suzdal) would provide WHO with a network of contacts in socialist countries that could be of value for future activities in the smoking and health programme" (ANON - WHO Chronicle).

- GHANA, KENYA, MALAYSIA, THAILAND "In table 16/1 the policies in the four studied countries are compared to the WHO recommendations concerning cigarette production, distribution and consumption" (WICKSTROM).

- DEVELOPING COUNTRIES "After reading ... 'Smoking Control Strategies in Developing Countries', one cannot help seeing a certain parallel between the opium trade of the Victorians and the promotion of tobacco smoking in the Third World today". (ANON. South African Medical Journal).

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The WHO cannot enforce action by member states, but is solidly anti-smoking and has a large 'establishment' role in the diffusion of a basic attitude to smoking and health, in movement away from tobacco growing, and in legislation at all levels (against advertising and smoking in public). The basic attitude is very extreme, as shown in their use of language, for instance - "controlling the smoking epidemic" "the removal of the hazard and not merely its marginal reduction .." "the fight against smoking on its own could contribute more to the improvement of health than any other measure", etc.

1986 REPORT & RESOLUTION (see Appendix 6)

A major step in the WHO's activity against smoking has been a report by the Director-General to the Programme Committee of the Executive Board (October 1985). Entitled "WHO Programme on Smoking & Health: the adverse health effects of tobacco use", the report is a major review of anti-tobacco activity internationally, together with proposals for future action, and a number of tables giving numerical data on consumption, incidence, mortality estimates etc.

At their meeting of 28/31 October, 1985, the Programme Committee examined this report, and made several amendments. It was considered by the Executive Board in January 1986, and a draft resolution prepared for the World Health Assembly in May 1986, as an Agenda item for the Assembly in plenary session. The resolution entirely condemns the active use of tobacco and its effect on non-smokers; deplores all attempts at promotion; urges member states to implement a radical 9-point programme without delay; requests support from other U.N. Agencies; requests the Director-General to implement a re-inforced anti-smoking programme without waiting for formal integration into the "Eighth General Programme of Work", and provides for increased funding up to US$350,000 p.a. During the debate six countries raised objections to the Resolution, proposing that it be deferred until adequate consideration had been given to the social and economic consequences. However, the Resolution was passed unanimously as it stood.

These moves represent a great intensification within the WHO of its opposition to smoking, and a harder push in the attempt to introduce restrictions on tobacco in all member states throughout the world.

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Appendix 1

THE WORLD HEALTH ORGANIZATION

ORGANISATION & STRUCTURE

The WHO is a Specialised Agency of the United Nations, governed by an Executive Board of its member states, and the annual general meeting, the World Health Assembly.

There is a headquarters secretariat in Geneva plus six Regional Offices. A selective outline structure of some parts of the organisation follows, which is intended to situate the Smoking & Health Unit within the total organisation.

Policy is made by the World Health Assembly and the Executive Board, but there is contribution to the WHO's activities from individual countries through their own Regional Executive Committee and the Regional Office. According to specialised sources the WHO's total programme is the result of a very political process, even though the professionals and technical bureaucrats in the secretariat might prefer it otherwise.

FUNDING

The total expenditure for 1986/87 is estimated to be US$990,730,000. The sources of this money are follows:

1.	Member states	)
2.	'Occasional' receipts (e.g. Sales & Services)	) $554,000,000
3.	United Nations (UNDP, UNICEF, UN Population program etc).	)
4.	Trust Funds	) $436,730,000
5.	Pan American Health Organization	)
6.	Miscellaneous and ad hoc grants	)

Over 60% of money from member states comes from the 'top 5', with the USA providing 25%. Large numbers of states pay around 1%, and the very poorest and smallest countries pay only 0.01% which is the minimum (Guinea, Albania, Malawi and Sri Lanka among others). Below are a few countries, for interest & comparison (All figures for 1986/87).

USA	25.00 %
USSR	10.35 %
Japan	10.13 %
W. Germany	8.38 %
France	6.39 %
U.K.	4.58 %
Italy	3.67 %
Canada	3.02 %
Brazil	1.36 %
E. Germany	1.36 %
Ukraine SSR	1.30 %
Sweden	1.30 %
India	0.35 %
Zimbabwe	0.02 %

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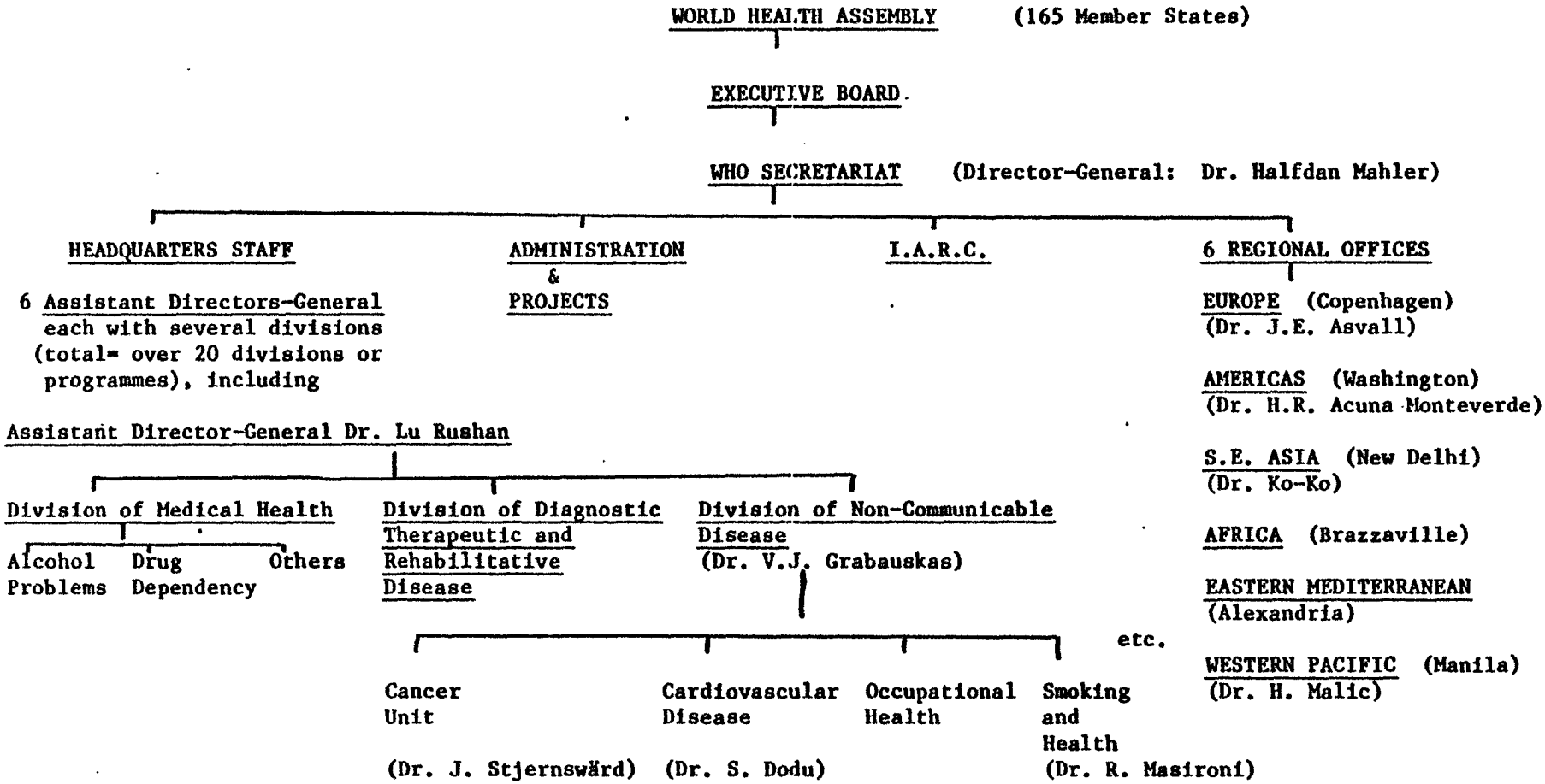

Total number of bureaux, services or units (excluding HQ Administration) = 112
of which Smoking and Health is one.

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WORLD HEALTH ORGANIZATION — ORGANISATION MONDIALE DE LA SANTE

Telephone Central Exchange: 91 21 11 — Direct: 91 (followed by extension)

WHO HEADQUARTERS - STRUCTURE AND RESPONSIBLE OFFICERS
(as at 1 January 1985)

Offices of the Director-General	Tel. No.	
Director-General	2711/2981	DGO - Dr H. Mahler
Adviser on Health Policy	2739/2741	- Dr J. Cohen
Protocol and Governing Body Affairs	2776/2775	PGB - Mrs A.-M. Mutschler
Ombudsman	3506/3505	OMB - Mr J. K. Cheng-Walling
Eastern Mediterranean Special Programme	2705/2702	EMS - Dr C. E. Rifka
Health for all Strategy Coordination	2707/2764	HSC - Dr H. Hellberg
		Secretary, HFAWG
Global Programme Committee Secretariat	2739/2741	GPC - Secretary: Dr J. Cohen
Action Programme on Essential Drugs	3518/3529	DAP - Dr E. Lauridsen
Deputy Director-General	2716/2719	DDG - Dr T. A. Lambo
Emergency Relief Operations	2777/2778	ERO - Dr S. W. Gunn
Internal Audit	3277/3276	IAU - Mr J. N. Donald
Office of the Legal Counsel	2637/2638	LEG - Dr C.-H. Vignes
Office of Research Promotion and Development	2786/2787	RPD - Dr M. Abdelmoumène
Secretariat Committee on Research involving Human Subjects (SCRIHS)	3642/3641	SCR - Dr J. P. Dunne

Global Programmes based outside Headquarters		
Accidents Prevention	EURO 246/323	APR - Dr C. Romer
Health of the Elderly	EURO 356/327	HEE - Dr D. M. Macfadyen

Offices of the Assistant Directors-General		
Headquarters Programme Committee	2721/2724	HPC - Chairman: Dr J. Hanson
	2731/2732	Secretary: Mr A. Piel

Assistant Director-General and Chairman, Headquarters Programme Committee	2721/2724	ADG - Dr J. Hanson
Managerial Process for WHO Programme Development	2729/2727	MPW - Dr C. Chollat-Traquet
Division of Environmental Health	3582/3583	ENE - Dr B. H. Dieterich
Regional cooperation	3681/3594	- Mr M. A. Acheson
Environmental Hazards and Food Protection	3758/3791	EFP - Mr G. Ozeline
Food Safety	3760/3759	FOS - Dr F. K. Käferstein
Environmental Health in Rural and Urban Development and Housing	3580/3594	RUD - Mr R. E. Novick
International Programme on Chemical Safety	3588/3589	ICS - Dr M. Mercier
Food Toxicology	3569/3570	- Dr G. Vettorazzi
Environmental Health Technology and Support	3535/3536	ETS - Mr S. Unakul
Global Promotion and Cooperation for Water Supply and Sanitation	3546/3545	GWS - Mr O. A. Sperandio
Division of Epidemiological Surveillance and Health Situation and Trend Assessment	2388/2387	HST - Mr K. Uemura
	2847/2307	- Dr I. D. Carter
Development of Epidemiological and Health Statistical Services	2334/2843	DES - Dr K. Kupka
Epidemiological and Statistical Methodology	2378/2377	ESM -
Global Epidemiological Surveillance and Health Situation Assessment	2370/2371	GES - Dr M. E. Manaluwka
Division of Public Information and	2233/2228	IEH - Mr J. Lang
Education for Health	3129/3130	- Dr D. C. Johnson
Health Education Service	3129/3130	HED - Dr D. C. Johnson
Media Service (Press relations, Radio, TV)	2227/2929	MED - Mr G. L. T. Levi
Films	2289/2929	- Mme D. Hoffmann
Photo Library	2231/2829	- Mme J. Faundez
Visitors' service	2929/2226	- Mme M. Kerniaou
Programme Support Service	2230/2244	PSS - Mr J. Bland
World Health Magazine	2230/2244	- Mr J. Bland

Assistant Director-General	Tel. No. 2511/2512	ADG - Dr D. Tejada-de-Rivero
Joint WHO/UNICEF Nutrition Support Programme, New York		- Dr F. L. Fazzi
Division of Family Health	3364/3365	FHE - Dr A. Petros-Barvazian
Maternal and Child Health	3359/3358	MCH - Dr M. Belsey
Nutrition	3320/3321	NUT - Dr A. Pradilla
Division of Health Manpower Development	2580/2551	HMD - Dr T. Fülöp
Information Service in the Programme of Health Manpower Development	2590	HMI - Miss F. Mawson
Educational Planning, Methodology and Evaluation	2505/2506	EPM - Dr J.-J. Guilbert
Fellowships	2508/2509	FEL - Dr A. Mejia
	2884	- Mme B. Amaré
Health Manpower Management	2554/2555	HMM - Dr V. Alexeev
Health Manpower Planning	2502/2593	HMP - Dr D. K. Ray
Health Manpower Research	2510/2880	HMR - Dr A. Segall
Health Manpower Systems	2508/2509	HMS - Dr A. Mejia
Health Team Development	2504/2501	HTD - Dr D. Flahault
Nursing	2507/2561	NUR - Dr A. Mangay-Maglacas
Division of Strengthening of Health Services	2520/2519	SHS - Dr E. Tarimo
Institutional Strengthening and Structuring of the Health Sector	2521/2518	INS - Dr I. Tabibzadeh
Health Costs and Financing	2568/2883	HCF -
Monitoring Implementation and Effectiveness	2564/2563	MIE - Dr C. Montoya-Aguilar
Reorientation of National Health System	2562/2563	RHS -
Management and Organizational Effectiveness	2886/2563	MOE - Dr D. Smith
Logistics of Health Services	2569/2547	LHS - Dr N. Romanov
Technological Organization for Local Health Care	2526/2527	TLH - Dr F. Siew Tjew
Community Involvement for Health	2528/2547	CIH - Dr N. N. Kohsasy
Intersectoral Action for Health	2523/2524	IAH - Dr A. El Bindari Mohmad
Health Systems Research	2525/3224	HSR - Dr Y. Huyens
Programme Information and Reporting	2566/2524	PIR - Mr E. Webster
Special Programme of Research, Development and Research Training in Human Reproduction	3371/3372	HRP - Dr J. Barzelatto
Managerial Process for National Health Development	2735/2733	MPH - Dr G. Vukmanovic

Assistant Director-General	2611/2615	ADG - Dr Lu Rushan
Division of Mental Health	3617/3618	MNH - Dr N. Sartorius
Alcohol-related Problems	3617/3618	- Dr N. Sartorius
Assessment and Monitoring	3622/3623	- Mr W. Gulbinat
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Child Mental Health	3617/3618	- Dr N. Sartorius
Drug Dependence	3624/3625	- Dr A. Arif
Mental Health Service Development	3610/3611	- Dr J. Orley
Neurological Disorders	3605/3604	- Dr C. L. Bolis
Psychosocial Aspects of Health Care	3609/3608	- Dr A. Jablensky
Social and Epidemiological Aspects of Mental Health	3609/3608	- Dr A. Jablensky
UN Treaties concerning Psychotropic and Narcotic Drugs	3626/3625	- Dr I. Khan
Division of Noncommunicable Diseases	3471/3470	NCD - Dr V. J. Grabauskas
Diabetes	3443/3440	- Dr M. Mitrofanov
Rheumatic Diseases	3443/3440	- Dr M. Mitrofanov
Cancer	3477/3452	CAN - Dr J. Stjernswärd
Cardiovascular Diseases	3487/3486	CVD - Dr S. Dodu
Smoking and Health	3404/3403	SMO - Dr R. Masironi
Office of Occupational Health	3462/3461	OCH - Dr M. A. El Batawi
Oral Health	3451/3490	ORH - Dr D. E. Barmes

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Biologicals	3890/3904	BLG -
Health Laboratory Technology	3646/3645	LAB - Dr L. Houang
Pharmaceuticals	3662/3663	PHA - Dr J. F. Dunne
Radiation Medicine	3652/3682	RAD - Dr N. T. Recoveanu
Rehabilitation	3656/3665	RHB - Dr J. Krol
Traditional Medicine	3639/3640	TRM - Dr C. O. Akerele
Programme of Essential Surgery	3653/3654	SRG - Dr B. Sankaran
Assistant Director-General	2411/2414	ADG - Dr S. K. Litvinov
Division of Communicable Diseases	2660/2661	CDS - Dr F. A. Assaad
Bacterial and Venereal Infections	2675/2674	BVI - Dr G. Causse
Leprosy	2683/2681	LEP - Dr S. K. Nordeen
Smallpox Eradication	2667/2666	SME - Dr I. Arita
Tuberculosis and Respiratory Infections	2690/2670	TRI - Dr A. Pio
Veterinary Public Health	2602/2603	VPH - Dr K. Bögel
Virus Diseases	2656/3284	VIR - Dr T. A. Baktimirov
Programme for the Prevention of Blindness	2697/2696	PBL - Dr B. Thylefors
Special Programme on Safety Measures in Microbiology	2622/2623	SMM - Mr V. R. Ovlett
Immunology	3488/3465	IMM - Dr G. Torrigiani
Diarrhoeal Diseases Control Programme	2632/2633	CDD - Dr N. H. Merson
Malaria Action Programme	3741/3781	MAP - Dr J. A. Najera-Morrondo
Epidemiological Methodology and Evaluation	3739/3782	EME - Dr E. Onori
Programming and Training	3744/3784	PAT - Dr P. F. Beales
Research and Technical Intelligence	3731/3783	RTI - Dr W. Wernsdorfer
Parasitic Diseases Programme	3872/3894	PDP - Dr A. Davis
Filarial Infections	3862/3898	FIL - Dr B. O. Duke
Schistosomiasis and other Snail-borne Trematode Infections	3874/3901	SCH - Dr K. E. Mott
Trypanosomiases and Leishmaniases	3870/3893	TRY - Dr P. de Raadt
Division of Vector Biology and Control	3845/3847	VBC - Dr M. G. Gratz
Ecology and Control of Vectors	3837/3838	ECV - Dr C. F. Pant
Equipment, Planning and Operations	3824/3896	EPO - Mr C. Kuo
Pesticide Development and Safe Use	3830/3829	PDS - Dr J. F. Copplestone
Expanded Programme on Immunization	2489/2869	EPI - Dr R. H. Henderson
Onchocerciasis Control Programme in the Volta River Basin (AFRO)	3882/3883	OCP - Mr J. D. H. Marr
Assistant Director-General	2578/2541	ADG - Dr F. Partow
Programme for External Coordination	2585/2584	COR - Mme I. Brüggemann
Health Resources Mobilization	2596/2581	HRM -
Collaboration with the United Nations System, Nongovernmental and other Organizations	2752/2754	CWU - Dr G. S. Mutalik
Food Aid Programmes	2761/2759	FAP -
Liaison Office with the UN, New York		LUN - Mrs V. M. Kalm
Liaison Office with Operational UN Agencies, New York		LNO - Dr K. Edström
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French Translation	2353	- Mr A. Zonco
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Technical Publications	2406/2404	TPS - Dr G. C. Mead
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Information Systems Methodology Team	2621/2617	ISM - Mr W. J. Towle
Administration & Finance Information Team and Data Base Administration	2447/2429	AFI - Mr C. Delwaa
Epidemiology & Statistics Team	2432/2428	EST - Mr J. Bansal
Human Reproduction Programme Team	3306	HRT - Mr P. Diethelm
Technical Programme Information Support Team	2895/2617	TPI - Mr W. Trebeljahr
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Briefing	2120/2818	BRF - Ms F. Herzog
Conference and Office Services	2103/2104	COS - Mr M. Mani
Accommodation	2165/2104	ACM - Mr. M. Tomyske
Customs, Telephone Directory	2105/2104	CTD - Mme A.-M. Terrasson
Conference Services	3270/2192	CNF - Mrs K. Matwalli
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Office Services	2101/2141	OSE - Mr B. J. Meijer
Documents Production Service	2102/3238	DPS - Mr P. J. M. Carvin
Records Management	2091/2023	REM - Mr A. Seyour
Joint Medical Service	3040	JMS - Dr J. Dewd
Personnel	2122/2124	PER - Mr M. R. Crockett
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Employment Policies and Administration	2130/3294	EPA - Mr R. Eggleston
Employment Policies	3279/3294	EMP - Mr F. Verzelloni
Contract Administration	2172/2173	ADM - Mlle B. Marley
Processing and Records	2174	PRR - Mme F. Mery
Selection and Recruitment	2164/2163	SRU - Mr P. LWesig
Manpower Resources	2168/2170	MPR - Dr M. Fetissov
General Services and Temporary Staff	2166/2165	GST - Mrs M. Prandle
Staff Management and Relations	2123/3293	REL - Mr R. Rubinois
Staff Counsellor	3231/3293	SCO - Dr M. Deichmann
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Drugs and Biologicals Procurement	2139/2137	DBP - Dr T. Szuba
Environmental Supplies Procurement	2804/2805	ESP - Mr A. G. Beer
General Supplies Procurement	2185/2198	GSP - Mr G. A. Karastathis
Hospital and Teaching Equipment Procurement	2810	HTP - Mr A. Schmier
Laboratory Supplies Procurement	2811/2813	LSP - Mr J. E. Biles
Shipping Services	2181/3237	SHP - Mr P. Schnetzler
Administrative Management Services	2498/2426	MGT - Mr M. K. Larsen
Division of Budget and Finance	2825/2826	BFI - Mr A. M. Imbruglia
Budget	2824/2827	BUD - Mr C. Sandström
Accounts	2278/2293	ACT - Mr R. Marti
Insurance, Payroll and Claims	2831/2221	IPC - Mr J. Morgan
Claims Examination	2291/2837	CLX - Mr M. Torgler
Payroll	2838	PAY - Mr A. Pares
Insurance and Pensions	2270/2265	INS - Mr J. Duriez
Travel and Transportation	2222/2482	TAT - Mr J. Fournier
Treasury	2204/2217	TSY - Mr T. M. Mirzo
Special Programme for Research and Training in Tropical Diseases	3802/3906	TDR - Dr A. O. Lucas
Research and Development	3804/3907	- Dr D. S. Rowe
Research Capability Strengthening	3815/3910	- Dr J. Barzelatto
Programme Management	3779/3778	- Dr R. Wilson

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HANDBOOK OF RESOLUTIONS AND DECISIONS OF THE WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD

Volume I
1948 - 1972

1st to 25th World Health Assemblies

1st to 50th sessions of the Executive Board

This cumulative edition of the Handbook, *which covers the first twenty-five World Health Assemblies and the first fifty sessions of the Executive Board, constitutes a definitive Volume I.*

WORLD HEALTH ORGANIZATION
GENEVA
1973

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1.9 NON-COMMUNICABLE DISEASE PREVENTION AND CONTROL

Limitation of Smoking

EB45.R9 The Executive Board,

Welcoming the resolutions on the control of cigarette-smoking passed by the Directing Council of the Pan American Health Organization/Regional Committee for the Americas and the Regional Committee for Europe at their sessions held in 1969;

Recognizing that the individual must decide for himself whether he will risk endangering his health by smoking cigarettes, but should also have regard to the influence on others of his example; and

Believing that no organization devoted to the promotion of health can be neutral in this matter,

1. REQUESTS those attending its meetings to refrain from smoking in the room where such meetings are held; and

2. REQUESTS the Director-General to report to the Twenty-third World Health Assembly on measures which might be taken to affirm the Organization's view of the hazards of smoking and to demonstrate this by example at WHO meetings as well as to ensure that the Organization is able to assist Member States and interested health organizations to obtain information on these hazards.

Jan. 1970 181,7

WHA23.32 The Twenty-third World Health Assembly,

Having considered the report of the Director-General;

Recalling the resolutions on this subject adopted by the Executive Board, the Directing Council of the Pan American Health Organization/Regional Committee for the Americas, and the Regional Committee for Europe;

Conscious of the serious effects of smoking in promoting the development of pulmonary and cardiac disease, including bronchopulmonary cancer, chronic bronchitis, emphysema and ischaemic heart disease;

Being aware that bronchopulmonary cancer is at present increasing in all countries of the world where records are available in a form which permits assessment;

Holding that health agencies must now demonstrate their concern for the reduction of the main causal factor in diseases related to smoking; and

Considering that smoking of tobacco during meetings may constitute a nuisance to non-smokers,

RESOLVES that:

(1) all those present at meetings of the Assembly and its committees be requested to refrain from smoking in the rooms where such meetings are held;

(2) the Director-General be requested:

(*a*) to consider the desirability of making the subject for World Health Day "The health consequences of smoking," on the earliest possible occasion;

(*b*) to call the attention of all Members and Associate Members to the report on limitation of smoking and to suggest that the advantages of applying the recommendations on pages 19 and 20 of that report[1] should be considered in all countries;

(*c*) to consider convening an expert group to recommend further action that might be taken to discourage smoking;

(*d*) to examine to what extent and by what educational methods young people might be persuaded not to begin smoking;

(*e*) to bring to the attention of FAO the need for studying crop substitution in tobacco-producing countries;

(*f*) to report to the Executive Board at its forty-seventh session and to the Twenty-fourth World Health Assembly on the action proposed and the financial consequences for the Organization.

May 1970 184,15

EB47.R42 The Executive Board

1. THANKS the Director-General for his further report on the health consequences of smoking;

2. BELIEVES that a sustained effort by health and education authorities is needed to change the deeply ingrained habit of smoking in modern society and to prevent its extension, especially among young people; and

3. REQUESTS the Director-General:

(1) to continue to assemble information on the effects of smoking and the results of action taken to reduce the habit;

(2) to seek the assistance of the United Nations and the specialized agencies in promoting the social change required and in studying the economic consequences, actual and anticipated, of this change;

(3) to transmit the two reports he has prepared and resolution WHA23.32 to these agencies;

(4) to report further to the World Health Assembly.

Jan. 1971 189,24

WHA24.48 The Twenty-fourth World Health Assembly,

Having considered the report of the Director-General;

Recalling the resolutions on this subject adopted by the Twenty-third World Health Assembly, the Executive Board,[2] and the respective Regional Committees;

Recognizing the relationship between smoking and the development of pulmonary and cardiac disease, including lung cancer, ischaemic heart disease, chronic bronchitis and emphysema; and

Believing that a sustained effort by health and education authorities and others is needed to reduce tobacco smoking and to prevent the extension of the habit, with special attention to young people and pregnant women,

1. THANKS the Director-General for his report;

2. ENDORSES the recommendations contained therein;

3. CALLS UPON all Member States and Associate Members to give all possible consideration to putting these recommendations into effect; and

[1] See *WHO Chronicle*, 24, 365.

[2] Resolutions EB45.R9, WHA23.32 and EB47.R42 above

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4. REQUESTS the Director-General:

(i) to continue to assemble information on the health effects of tobacco smoking and the action being taken by countries to reduce the habit;

(ii) to place emphasis on the control and prevention of smoking as an integral part of operating programmes as and when feasible;

(iii) to continue in co-operation with the United Nations, the specialized agencies and the appropriate non-governmental organizations to foster a greater awareness of the health hazards of smoking and to take whatever action is deemed necessary to reduce them, and particularly to draw the attention of the Food and Agriculture Organization of the United Nations to the necessity of undertaking a study on crop diversification in tobacco-growing areas in view of the expected decrease in tobacco consumption;

(iv) to stimulate the strengthening of health education activities, including the production, dissemination and exchange of educational materials to discourage the habit of smoking; and

(v) to produce a code of practice that can guide governments in the formulation of legislative action relevant to the health consequences of smoking.

May 1971 193,25

PREVENTION OF BLINDNESS

WHA22.29 The Twenty-second World Health Assembly,

Recognizing that most of the world's blindness is preventable and that much of it is curable;

Noting the programmes on communicable eye diseases, especially trachoma and onchocerciasis, conducted by WHO, and the efforts which are being made by various governments to control these and other causes of blindness, including injuries and vitamin A deficiencies;

Noting also the increased activity in this field by non-governmental organizations concerned with blindness and its prevention and the recommendation of these organizations that there is need for the compilation and evaluation of more systematic information, clearer identification of practical objectives, and improved machinery for international co-ordination,

REQUESTS the Director-General:

(1) to undertake a study on the information which is at present available on the extent and all the causes of preventable and curable blindness and to propose activities in this field which the Organization would carry out within its programme of work; and

(2) to collaborate, as may be required, with other organizations having an interest in this domain, including certain non-governmental organizations in relation with WHO.

July 1969 176,12

WHA25.55 The Twenty-fifth World Health Assembly,

Recalling resolution WHA22.29 on the prevention of blindness adopted by the Twenty-second World Health Assembly;

Having considered the report of the Director-General on the prevention of blindness;

Being aware of the complexity of the problem and of the relatively limited information available on blindness and its causes throughout the world; and

Noting with interest the activities already undertaken by WHO in this field as well as the provision made for a study group on the prevention of blindness to be convened in 1972,

1. NOTES the report of the Director-General with appreciation;

2. REQUESTS the Director-General:

(1) to endeavour to obtain additional data on visual impairment and blindness and their prevention with special emphasis on the situation in developing countries, keeping in mind the need for a generally accepted definition of blindness and visual impairment;

(2) to promote further studies on the most efficient and economical means of preventing blindness, such studies to be carried out on an interdisciplinary basis in collaboration with other organizations active in this field;

(3) to assist Member States in educational programmes related to blindness and visual impairment, including those for the development of ophthalmological departments in medical schools;

(4) to intensify technical assistance to national programmes for the prevention of visual impairment and blindness, particularly in programmes against trachoma, onchocerciasis and xerophthalmia.

May 1972 201,28

1.9.1 CANCER

See also Health Statistics, resolution WHA2.38, sub-paragraphs (1) (c) and (5), page 171, resolutions EB4.R10, sub-paragraph (3), and WHA3.6, paragraph 4, page 172; and, under Coordination and External Relations, International Encouragement of Research into Cancer Control, pages 504-506.

1. General Programme

[WHA1.5] The First World Health Assembly gave number six priority to the study of cancer and entrusted it to the section on health statistics.

July 1948 13,310

EB17.R40 The Executive Board,

Recognizing the benefit to Members that may result from the creation of registry centres of pathologic tissues to serve internationally,

REQUESTS the Director-General to explore the possibility of WHO's organizing centres in several places in the world which would arrange for collection of human tissues and for their histopathological examination.

Jan. 1956 68,14

WHA10.18 The Tenth World Health Assembly,

Aware that cancer is a source of untold suffering to thousands of people, that it casts a shadow over many a home, and that its

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HANDBOOK OF RESOLUTIONS AND DECISIONS OF THE WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD

Volume II

Fifth edition

(1973-1982)

26th to 35th World Health Assemblies

51st to 70th sessions of the Executive Board

WORLD HEALTH ORGANIZATION
GENEVA
1983

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treatment of the rheumatic diseases as well as rehabilitation of those who suffer from them;

2. INVITES Member States to encourage programmes of research, prevention, early detection, treatment, rehabilitation and social welfare in regard to rheumatic diseases as well as information campaigns dealing with those diseases; and

3. REQUESTS the Director-General:

(1) to assist Member States with their programmes; and

(2) to report to the Twenty-ninth World Health Assembly on the progress made in this field.

May 1975 226, 32

WHA29.66 The Twenty-ninth World Health Assembly,

Having considered the Director-General's report on rheumatic diseases;

Taking into account the importance of such diseases as a cause of long-term disablement and their serious socioeconomic consequences;

1. IS OF THE OPINION that the prevention and control of rheumatic diseases should constitute an integral part of national health programmes, and that greater efforts are required to provide appropriate services within those programmes;

2. NOTES with satisfaction the work of the International League against Rheumatism in having 1977 designated as World Rheumatism Year, which will provide an opportunity for close cooperation between the various organizations concerned with the fight against rheumatic diseases;

3. RECOMMENDS that the World Health Organization should continue to assist governments, on their request, in promoting services for the prevention and control of rheumatic diseases, research in this field, and the training of rheumatologists.

May 1976 233, 42

Diabetes Mellitus

REPORTS OF THE EXPERT COMMITTEE ON DIABETES MELLITUS

	Published in *Technical Report Series* No.	Relevant decision
Second report	646	*EB67*(2) (1981)

1.16.19 CONTROL OF SMOKING

For previous resolutions, see Volume I, page 110.

See also under Education for Health, resolution WHA27.28, page 62 of this volume.

EB53.R31 The Executive Board,

Recalling resolutions WHA23.32 and WHA24.48 of the Twenty-third and Twenty-fourth World Health Assemblies;

Re-emphasizing the serious effects of smoking in promoting the development of such pulmonary and cardiac diseases as bronchopulmonary cancer, chronic bronchitis, emphysema and ischaemic heart disease and in aggravating the course of other diseases, to the detriment of the health and the economy of countries;

Considering that the study of the problem of tobacco smoking involves research, therapeutic, statistical, educational, legal, economic and other aspects needing periodic review and that it therefore requires a multidisciplinary approach;

Convinced that many countries would benefit from such study in dealing with the problem nationally,

REQUESTS the Director-General:

(1) to convene as soon as possible an expert committee to study the problem of tobacco smoking in all its aspects;

(2) to keep Member States and interested organizations informed of the results of studies in this field.

Jan. 1974 215, 25

WHA29.55 The Twenty-ninth World Health Assembly,

Recalling resolutions EB45.R9, WHA23.32, EB47.R42 and WHA24.48 concerning the health hazards of smoking and ways towards its limitation;

Noting with satisfaction that the recent WHO Expert Committee report on smoking and its effects on health,[1] prepared in accordance with resolution EB53.R31 and reviewed favourably by the Executive Board at its fifty-seventh session, provides a thorough and authoritative summary of current knowledge in the field and contains a number of important recommendations for WHO and the Member States;

Considering that the results of the Third World Conference on Smoking and Health, held in New York in June 1975, gave further support to the evidence and proposals presented by the WHO Expert Committee;

Recognizing the indisputable scientific evidence showing that tobacco smoking is a major cause of chronic bronchitis, emphysema and lung cancer as well as a major risk factor for myocardial infarction, certain pregnancy-related and neonatal disorders and a number of other serious health problems, and also has harmful effects on those who are involuntarily exposed to tobacco smoke;

Seriously concerned about the alarming worldwide trends in smoking-related mortality and morbidity and the rapidly increasing consumption of tobacco, especially in cigarettes, in countries in which it was not previously widespread, and about the growing number of young people and women who are now smoking;

Recognizing that an effective strategy to tackle the problem requires a concerted effort consisting of educational, restrictive and legislative measures, combined with coherent taxation and price policies, and supported by continuous research and evaluation on a multidisciplinary basis;

Noting that very few countries have thus far taken effective steps to combat smoking;

Believing that no organization devoted to the promotion of health can be indifferent in this matter, and that WHO has an important role to play in promoting effective policies against smoking, as envisaged in the Sixth General Programme of Work of WHO covering the period 1978-1983;

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1. URGES governments of Member States to identify the actual or anticipated health problems associated with smoking in their countries;

2. RECOMMENDS governments of Member States:

(1) to create and to develop effective machinery to coordinate and supervise programmes for control and prevention of smoking on a planned, continuous and long-term basis;

(2) to strengthen health education concerning smoking, as a part of general health education and through close collaboration with health and school authorities, mass media, voluntary organizations, employers' and employees' organizations and other relevant agencies, taking into account the different needs of various target groups, laying emphasis on the positive aspects of non-smoking, and supporting individuals wishing to stop smoking;

(3) to consider steps which can be taken towards ensuring that non-smokers receive protection, to which they are entitled, from an environment polluted by tobacco smoke;

(4) to give serious consideration to the legislative and other measures suggested by the WHO Expert Committee in its recent report on smoking and its effects on health;

3. REQUESTS the Director-General:

(1) to continue, and intensify, WHO's antismoking activities;

(2) to collate and disseminate information on smoking habits, smoking-related health problems and smoking control activities in Member States;

(3) to give assistance and encouragement to research in smoking and health, with particular emphasis on studies that are directly relevant to the assessment and improvement of the effectiveness of antismoking activities;

(4) to promote the standardization of:

(*a*) definitions, measurement methods and statistics concerning smoking behaviour, tobacco consumption and the occurrence of smoking-related morbidity and mortality;

(*b*) laboratory techniques used for the quantitative analysis of the harmful substances in tobacco products;

(5) to give assistance, upon request, to governments in the formulation, implementation and evaluation of their policies and programmes to combat smoking;

(6) to continue, in cooperation with the United Nations, the specialized agencies and appropriate nongovernmental organizations, to make all efforts deemed necessary to reduce smoking; and particularly to work out with the Food and Agriculture Organization of the United Nations and with the United Nations a joint strategy for crop-diversification in tobacco-growing areas with a view to avoiding the anticipated economic consequences of reducing tobacco consumption in the world as a whole for public health reasons;

(7) to convene an expert committee in 1977 or 1978 to review and evaluate the world situation in regard to smoking control;

(8) to report to a future Health Assembly on developments in this field.

May 1976 233, 35

[1] WHO Technical Report Series, No. 568, 1975

WHA31.56 The Thirty-first World Health Assembly,

Recalling resolutions EB45.R9, WHA23.32, EB47.R42, WHA24.48, EB53.R31 and WHA29.55 concerning the health hazards of tobacco smoking and ways towards its limitation;

Recognizing the increasing and indisputable scientific evidence showing that tobacco smoking is a major cause of chronic bronchitis, emphysema and lung cancer, as well as a major risk factor for myocardial infarction, certain pregnancy-related and neonatal disorders and a number of other serious health problems, and that it also has harmful effects on those who are involuntarily exposed to tobacco smoke;

Seriously concerned at the alarming increase in production and consumption of cigarettes during the last two decades in some of the countries, particularly developing countries, in which it was previously not widespread, and at the extensive promotional drive for the sale of cigarettes being carried out on radio and television, in newspapers and other news media, and through association with sporting and cultural events, often inducing young people to smoke tobacco;

Noting that few countries have so far taken comprehensive action to effectively combat smoking through educational, restrictive and legislative measures for the control of publicity and advertisements in the news media, combined with coherent taxation and price policies for tobacco cultivation and cigarette production;

Believing that WHO has an important role in promoting effective policies against smoking, as envisaged in the Sixth General Programme of Work covering the period 1978-1983 inclusive;

1. URGES Member States:

(1) to strengthen health education programmes concerning tobacco smoking as a part of general education, through close collaboration among health and education authorities and other relevant agencies, taking into account the different needs of the various target groups;

(2) to adopt comprehensive measures to control tobacco smoking, *inter alia* by providing for increased taxation on the sale of cigarettes and restricting as far as possible all forms of publicity for promotion of smoking;

(3) to protect the rights of non-smokers to enjoy an atmosphere unpolluted by tobacco smoke;

(4) to seek economically sound alternative undertakings to replace tobacco growing and processing, where appropriate;

2. REQUESTS the Director-General:

(1) to continue to intensify WHO's activities in connexion with control of tobacco smoking;

(2) to collaborate with Member States, the United Nations, the specialized agencies and appropriate nongovernmental organizations as required, in the formulation, implementation and evaluation of programmes to combat smoking, including studying possibilities for crop diversification in tobacco-growing areas;

(3) to cooperate with Member States upon request in developing measures for the control of publicity with regard to smoking through the news media, especially newspapers, radio and television;

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

(4) to give urgent consideration to having non-smoking as a theme for World Health Day as soon as possible, and in this and other ways to give maximum publicity to an anti-smoking campaign;

(5) to encourage research as to the causes of tobacco smoking;

(6) to report on progress in this field not later than the Thirty-third World Health Assembly.

May 1978 247, 41

WHA33.35[1] The Thirty-third World Health Assembly,

Recalling resolutions EB45.R9, WHA23.32, EB47.R42, WHA24.48, EB53.R31, WHA29.55, and WHA31.56 concerning the health hazards of tobacco smoking and WHO's role in the limitation of this harmful habit;

Noting the report of the WHO Expert Committee on Smoking Control;[2]

Reiterating its firm conviction that the effect of tobacco smoking is now a major public health problem in all industrialized countries and in many developing countries and that it will become so in the near future in all other developing countries unless action is taken now;

Mindful of the ill-effects of smoking, particularly on risk groups such as pregnant women, lactating mothers and children;

Seriously concerned about the aggressive promotional drives for the sale of cigarettes that occur in developing as well as developed countries, thus inducing the new generations to take up the habit of smoking;

Alarmed by the fact that advertising practices using psychological means in both industrialized and developing countries have the effect of inducing and perpetuating smoking habits, especially among youth;

Encouraged by the existence of total bans, restrictions or limitations on tobacco advertising in several countries;

Noting encouraging signs of expanded national activities and of increasing public awareness of the harmful health effects of cigarette smoking in many countries, partly as a result of WHO's efforts and of this year's World Health Day on "Smoking or health: the choice is yours";

Realizing that national and international strategies to combat the spreading of the habit of smoking must be carried out on a continuous, long-term basis;

Believing that WHO has an essential role to play in promoting effective smoking control policies;

1. URGES Member States:

(1) to strengthen, and to initiate where lacking, the smoking control strategies outlined in the above-mentioned resolutions, laying special emphasis on educational approaches, particularly with respect to youth, and on measures to ban, restrict or limit advertising of tobacco products;

(2) to support WHO's action in the field of smoking and health;

2. REQUESTS the Director-General:

(1) to further develop an effective WHO action programme on smoking and health, clearly defining lines of responsibility and priority areas, and taking into account the multidisciplinary and intersectoral character of the relationship between smoking and health;

(2) to ensure that WHO plays a leading role in coordinating international activities and to strengthen collaboration with other United Nations agencies and with relevant non-governmental organizations, and, particularly, to pursue the study on crop diversification in tobacco-growing areas in collaboration with FAO;

(3) to collaborate with Member States in their efforts to reduce smoking;

(4) to consider problems caused by the marketing and consumption of tobacco, particularly in developing countries;

(5) to mobilize financial and other resources for the implementation of the programme;

(6) to report on progress of this programme to the Thirty-fifth World Health Assembly.

May 1980 WHA33/1980/REC/1, 36

[1] See document WHA33/1980/REC/1, p. 128.
[2] WHO Technical Report Series, No. 636, 1979.

EB69.R18 The Executive Board,

Stressing the key role of cigarette smoking in the causation of lung cancer;

1. COMMENDS the Scottish association football team for its participation as a "non-smoking" team in the 1982 World Cup competition, thus setting an excellent example to all participants in sport and their supporters;

2. HOPES that other teams may wish to emulate this initiative;

3. REQUESTS the Director-General to take appropriate action to support this important health education opportunity in relation to the World Cup competition.

Jan. 1982 EB69/1982/REC/1, 16

REPORTS OF EXPERT COMMITTEES

	Published in *Technical Report Series* No.	Relevant resolution or decision
Smoking and its effects on health	568	EB57.R31 (1976)
Smoking control (Controlling the smoking epidemic)	636	EB65.R11 (1980)

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

Appendix 4

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA

ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

EUR/RC34/7 Rev.1
6388D/6389D
21 December 1984
ORIGINAL: ENGLISH

REGIONAL TARGETS IN SUPPORT OF THE REGIONAL STRATEGY FOR HEALTH FOR ALL

At its thirtieth session in Fez in 1980, the Regional Committee requested that specific regional targets be formulated to support the implementation of the European regional strategy for attaining health for all (HFA) by the year 2000. It was felt that such targets would motivate Member States to get actively involved in reaching the health for all goal. The present document formulated these regional targets, which suggests levels of improvement required in the health of the population, as well as ways of achieving them.

The present document was endorsed by the Regional Committee at its thirty-fourth session in September 1984.

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Finally, there must be planned, systematic monitoring and evaluation of the public acceptability and relative success of health education programmes to provide feedback to increase their relevance and effectiveness. Accordingly, health education must also be adequately integrated into academic structures.

3.2 Promoting healthy behaviour

3.2.1 Positive health behaviour

Target 16 BY 1995, IN ALL MEMBER STATES, THERE SHOULD BE SIGNIFICANT INCREASES IN POSITIVE HEALTH BEHAVIOUR, SUCH AS BALANCED NUTRITION, NONSMOKING, APPROPRIATE PHYSICAL ACTIVITY AND GOOD STRESS MANAGEMENT.

This could be achieved if clear targets in these areas are set in each Member State, e.g. a minimum of 80% of the population as nonsmokers and a 50% reduction in national tobacco consumption - and if steps were taken by WHO and other international organizations to promote cooperation in health promotion activities throughout the Region in order to make a wider impact on basic health values.

Problem statement

Positive health behaviour constitutes a conscious effort by individuals to actively maintain their health and that of others. Research indicates that practices such as eating a balanced diet, taking regular physical exercise, ensuring rest and relaxation and engaging in rewarding social and sexual relationships help to increase an individual sense of wellbeing and act as a buffer against illness.

Most research hitherto has focused on health-damaging rather than health-enhancing forms of behaviour, but the interest in developing positive health indicators is growing. In a number of Member States, health education programmes have begun to promote health as an important cultural value. In some countries, a new interest in health is manifest among the general public. Physical activity, sports, health foods, stress relief, meditation and nonsmoking are not only gaining individual attention but also constitute part of a value change promoted by groups of environmentalists and ecologists within the Region.

Positive health behaviour is by far the most challenging field for a health promotion policy. It opens up important fields of research, since more knowledge is needed of what constitutes positive health behaviour and how individuals can be induced to take more responsibility for their own health and for that of others.

As regards balanced diet, health-damaging nutrition problems include insufficient food, unbalanced nutrition, overnutrition and self-imposed undernutrition. The problem of insufficient food is related to social equity and sufficient basic resources, problems discussed as prerequisites to health. Unbalanced nutrition may be due to lack of knowledge, but is closely related to food advertising, packaging, etc., as well as to the choice of menus in fast-food outlets, cafeterias and restaurants. The food processing industry is in some countries the largest manufacturing industry - much bigger than the alcohol or tobacco industries. The development of food processing technology has influenced agricultural production and the availability, distribution and consumption of foods more than any conscious nutrition education campaign. There is commonly too little fibre, too much fat and too much sugar in diets in many European countries, and there may be deficiencies in important micronutrients. Overeating of energy-rich foods leads to obesity - an important problem in many countries - which in turn is linked with cardiovascular diseases, diabetes, etc.

Other problems are more complex, arising from the interaction of learned eating habits, psychological conflicts and cultural values and stereotypes. Adolescent girls are particularly vulnerable to eating problems arising from the contradictory pressures of body-image stereotypes and the association of eating with happiness and gratification during a time of considerable psychological conflict and development.

Nonsmoking is the form of risk behaviour related to health that has been most studied. It has been estimated that up to 10 million people in the European Region are at risk of death from illnesses related to smoking between 1980 and the year 2000. Smoking-related diseases include lung cancer and some other cancers, ischaemic heart disease, chronic bronchitis, emphysema and certain chronic arterial diseases of the leg. Furthermore, the effects on the foetus of smoking by pregnant women are causing increasing concern.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

Over the past 30 years, the general pattern of smoking has been changing considerably within the Region. There are indications that it may be levelling off in the Region as a whole, but there are still considerable differences between countries and between different subgroups within countries. In some countries, many people, especially members of high-status groups, have stopped smoking. In general, women and young children constitute groups whose risks are increasing. It is for this reason that the focus of smoking programmes within the Region has moved towards active nonsmoking as a positive form of health behaviour.

Despite the high long-term social and economic costs to society, tax policies have often made the sale of tobacco of short-term economic benefit to many governments. This fact, along with the powerful business interests involved, often counteracts directly or indirectly attempts by the health sector to reduce smoking. Little attention has been given to programmes of crop substitution or to the fundamental ethical question of whether it is right to produce a clearly pathogenic substance, even in countries with a state tobacco monopoly. These problems are further complicated by the cross-national promotion and distribution of tobacco and other products which affect health.

As regards good stress management, both the subjects just discussed are examples of behaviour that may be part of negative patterns of stress management. A growing body of research evidence demonstrates the consequences of stress-producing situations on both physical and mental health. Coping behaviour, then, has both direct (the frequency of stress reactions in the body) and indirect (tendency to use health-damaging forms of behaviour in attempts to feel better) effects on the preservation of health. Balanced physical activity, relaxation and social interaction, all of which promote health, are important components of effective coping. Unfortunately, the life situations of many people do not allow the balanced lifestyle most conducive to health.

Participation in healthy physical activity can be a very joyful experience and thus be an important factor in improving the quality of life. Physical fitness, acquired in youth and maintained throughout life, seems to be essential for the body to function healthily and at its best. Evidence suggests that improved fitness through regular physical activity helps in prevention and rehabilitation. It is especially important for elderly people to maintain patterns of regular physical activity in order to preserve functional capacity in old age.

Over the past decades, there has been a basic change in the way in which societies regard physical activity. Its contribution, not only to health but also to the general wellbeing of people, has been acknowledged.

Suggested solutions

Since advertising, the sale of consumer goods, TV shows, films, etc., are increasingly influencing basic values across national borders, efforts should be undertaken to see how Member States, with the cooperation of WHO and other organizations, can coordinate their individual campaigns so as to enhance the effectiveness of their health promotion policies and programmes. Action must be taken with regard to programming as well to ensure that programmes designed to promote healthy lifestyles recognize the importance of balance, satisfaction and support in the situations of life and respond to the special needs of the many people who are attempting to alter health-damaging habits.

In relation to smoking, strong, persistent nationally and internationally coordinated efforts are needed to change basic social attitudes and practices so that nonsmoking is established as the positive social norm, and considerable attention should be given to creating closer cooperation among Member States in this respect in the years ahead. Legislative steps, such as reducing the availability of tobacco to children, the labelling of all packages with a health warning, control of advertising of tobacco products, restrictions on smoking in public places, schools and workplaces, also play a very important role; duty-free sales of alcohol and tobacco should be abolished.

Since for some countries the growing of tobacco and the manufacture of cigarettes and other tobacco products are of short-term economic importance, initiatives should be taken in each Member State and at international level, to plan and gradually develop substitute crops and industries.

In relation to nutrition, it will be necessary to develop ways of ensuring the production and sale of healthy food products so that those most commonly eaten provide a well-balanced diet. A positive image of healthy eating should be developed with the cooperation of the media and popular public figures in school health education and with the support of industry and nongovernmental organizations, taking into account the cultural values and pressures linked to eating behaviour. Increased information about and support for mutual aid groups, such as those helping people cope with eating disorders, are needed.

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Appendix 6

RESOLUTIONS OF THE EXECUTIVE BOARD OF THE WHO
RÉSOLUTIONS DU CONSEIL EXÉCUTIF DE L'OMS
РЕЗОЛЮЦИИ ИСПОЛНИТЕЛЬНОГО КОМИТЕТА ВОЗ
RESOLUCIONES DEL CONSEJO EJECUTIVO DE LA OMS

Seventy-seventh Session

EB77.R5

Agenda item 15

16 January 1986

TOBACCO OR HEALTH

The Executive Board,

Having considered the report by the Director-General on tobacco or health;[1]

Believing that the Organization must reiterate its clear and firm policy on tobacco versus health;

RECOMMENDS that the Thirty-ninth World Health Assembly adopt the following resolution:

The Thirty-ninth World Health Assembly,

Recalling resolutions WHA31.56 and WHA33.35 on the health hazards of tobacco and the WHO action programme against tobacco use;

Deeply concerned by the current pandemic of smoking and other forms of tobacco use, which results in the loss of life of at least one million human beings every year and in illness and suffering for many more;

Believing that the battle between health and tobacco must and can be won for the sake of human health;

Encouraged by the existence of total bans, restrictions or limitations on tobacco advertising in several countries;

1. AFFIRMS:

(1) that tobacco smoking and the use of tobacco in all its forms is incompatible with the attainment of health for all by the year 2000;

(2) that the presence of carcinogens and other toxic substances in tobacco smoke and other tobacco products is a known fact; and that the causal link between tobacco and a range of fatal and disabling diseases has been scientifically proven;

(3) that passive, enforced or involuntary smoking violates the right to health of non-smokers, who must be protected against this noxious form of environmental pollution;

2. CALLS for a global public health approach and action now to combat the tobacco pandemic;

3. DEPLORES all direct and indirect practices the aim of which is to promote the use of tobacco, as this product is addictive and dangerous even when used as promoted;

4. URGES those Member States which have not yet done so to implement smoking control strategies; these, as a minimum, should contain the following:

(1) measures to ensure that non-smokers receive effective protection, to which they are entitled, from involuntary exposure to tobacco smoke, in enclosed public places, restaurants, transport, and places of work and entertainment;

[1] Document EB77/22 Add.1.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

(2) measures to promote abstention from the use of tobacco so as to protect children and young people from becoming addicted;

(3) measures to ensure that a good example is set in all health-related premises and by all health personnel;

(4) measures leading to the progressive elimination of those socioeconomic, behavioural, and other incentives which maintain and promote the use of tobacco;

(5) prominent health warning which might include the statement that tobacco is addictive, on cigarette packets, and containers of all types of tobacco products;

(6) the establishment of programmes of education and public information on tobacco and health issues, including smoking cessation programmes, with active involvement of the health professions and the media;

(7) monitoring of trends in smoking and other forms of tobacco use, tobacco related diseases, and effectiveness of national smoking control action;

(8) the promotion of viable economic alternatives to tobacco production, trade and taxation;

(9) the establishment of a national focal point to stimulate, support, and coordinate all the above activites;

5. APPEALS to other organizations of the United Nations system:

(1) to support WHO in all ways possible within their fields of competence;

(2) to show solidarity with WHO's efforts to stem the spread of tobacco-induced diseases by protecting the health of non-smokers on their premises, as this action would have a major exemplar role;

(3) to help Member States in identifying and implementing economic alternatives to tobacco cultivation, production and trade;

6. REQUESTS the Director-General:

(1) to strengthen the present programme on smoking and health without waiting for its official introduction in the Eighth General Programme of Work, as a visible and resolute attitude by WHO would provide Member States with encouragement and support, which are necessary prerequisites to abating the smoking pandemic before the year 2000;

(2) to mobilize support for the present programme on smoking and health in terms of funds and manpower which would ensure adequate programme continuity on a long-term basis;

(3) to coordinate activities in support of WHO's action on smoking and health with other organizations of the United Nations system at the highest executive level;

(4) to continue and strengthen collaboration with nongovernmental organizations as appropriate;

(5) to ensure that WHO plays an effective global advocacy role in tobacco and health issues and that, in common with other health institutions, it plays an exemplar role in non-smoking practices;

(6) to provide support to national smoking control efforts;

(7) to report on progress to the Executive Board at its eighty-first session and to the Forty-first World Health Assembly.

Twelfth meeting, 15 January 1986
(EB77/SR/12)

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

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INTERNATIONAL AGENCY FOR RESEARCH ON CANCER (IARC)

Established by the World Health Organization in 1965, the Agency was designed to be a service in cancer research per se, and an international resource. The programme comprises:

a. Development and execution of specific research programmes
b. Scientific evaluation of available data
c. Education and information

The research part of IARC operations is handled in their own building in Lyon, or more generally contracted out to scientists working on particular problems; this is specially true of the epidemiological and multi-disciplinary studies, such as the maintenance of large cancer registries, and long-term studies of cancer in particular sites.

The Education/Information function is undertaken with a large scientific publishing programme, and series of meetings or symposia, as well as courses and scholarships.

SMOKING

Up to November 1984, the IARC had not concentrated formally on smoking per se, but with the number of allegations about tobacco & cancer the Agency would clearly not ignore the topic either. The 1980 Annual Report has this to say about lifestyle and cancer prevention:

> "... there is growing evidence that the public will modify lifestyle habits if convinced that such a change will be of value to health. This is demonstrated by the very considerable changes in cigarette consumption in certain population groups in many countries ...."

In 1979 the Agency issued symposium proceedings (jointly with the French research body INSERM) on preventing cancer risk (DAVIS) in which there were descriptions of the anti-tobacco legislation in France (DENOIX) and Finland (ELO). This departure into the legal/political domain was somewhat unusual for the Agency, whose publishing is usually scrupulously technical/scientific in content and tone. Typical work on tobacco in this context is the chemical work on volatile nitrosamines (BRUNNEMAN) and the analyses of tobacco smoke in the 'Environmental carcinogens' series (PREUSSMAN).

However, in the 1983 Annual Report the Director notes:

> "The IARC envisages that two future volumes in this series (Environmental Carcinogens) will deal with the evaluation of carcinogenic risks linked to two widespread cultural habits: the chewing of betel nut, and the use of tobacco."
> (uncertified translation)

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

It cannot be an accident that the Chairman of the IARC Scientific Council at its 19th Session (January 1983) was Dr. Nigel Gray, of the Victorian Anti-Cancer Council, and the UICC.

In October 1984 and February 1985 the Agency convened closed meetings on tobacco, inviting experts from around the world. The proceedings of each meeting are planned for publication, but only the first (on the tobacco habit apart from smoking) has appeared as at March 1986. However, there is reason to believe that drafts of the volume on smoking tobacco have been circulated among the anti-smoking milieux, since it has been quoted by BJARTVEIT and by the U.S. Office of Technology Assessment.

Like its parent body the WHO, the Agency's influence is transmitted because of its leadership role in its field. Mammoth compilations such as "Cancer incidence in five continents" (WATERHOUSE) could scarcely have been issued without a body like IARC, and its function as a centre of attention and of information exchange means that everyone involved in cancer research has the Agency as a focus. During 1983 alone, the following people, all known for positions about smoking, visited Lyon, as members of working groups, or in other capacities:

> J.E. Asvall (now Director, WHO Europe), A. Englund (then Executive Director UICC), V.I. Grabauskas (Masironi's superior at WHO), T. Hirayama, D. Hoffmann (associate of Wynder at American Health Foundation), H. Mahler (DG, WHO), R. Masironi, R. Peto, and D. Trichopoulos.

It is very likely that the proceedings now in preparation by IARC will be one of many documents providing for WHO the alleged scientific support for yet more forceful efforts to eradicate smoking.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

Appendix 1

STRUCTURE & FUNDING

Established in 1965 by the World Health Organization (WHA Resolution 18/44, Appendix 2), the IARC has a Governing Council (= a delegate from each participating state, plus Director-General of WHO) and a Scientific Council (12 eminent cancer scientists, appointed by Governing Council). IARC Director is Dr. Lorenzo Tomatis, with about 150 members of staff.

The membership, while theoretically open to any member state of WHO, is in fact quite strictly controlled by the Governing Council which has to decide if the candidate is in a position to contribute effectively to the work of the Agency. There are only twelve member countries at present (Canada, USA, Japan, Australia, Belgium, France, W. Germany, Italy, Netherlands, Sweden, UK, USSR).

The Agency is funded by the participating states, with dues based on their contributions to WHO plus grants & contracts. In 1983 the ordinary budget totalled $9,478,000.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

IARC Bibliography

BJARTVEIT, K.	"Passiv røyking: medicinske/hygieniske forhold" in Lufta er for alle! Statens Tobakksskåderad, (July 24, 1985) pp. 16-55 (ref.33 is unpublished report from IARC)
BRUNNEMAN, K.D. and HOFFMAN, D.	"Chemical studies of tobacco smoke. LIX. Analysis of volatile nitrosamines in tobacco smoke and polluted indoor environments" in Environmental aspects of n-nitroso compounds, IARC, (1978) pp. 343-355.
DAVIS, W. and ROSENFELD,D. (Eds.)	"Carcinogenic risks: strategies for intervention", IARC, (1979), 280pp
DENOIX, P.	"Tobacco - current French legislation" in DAVIS, W op.cit. pp. 9-20
ELO, O.	"Anti-smoking legislation in Finland" in DAVIS, W. op.cit. pp.21-40
INTERNATIONAL AGENCY FOR RESEARCH ON CANCER	"Annual Report 1980" IARC, (1980), 202pp.
id.	"Annual Report 1983", IARC, (1983), 203pp.
PREUSSMAN, R.	"Environmental carcinogens: selected methods of analysis. Vol.6 n-nitroso compounds, IARC, (1983), 508pp.
WATERHOUSE, J. et al (Eds.)	"Cancer incidence in five continents" IARC, (1982), 810pp.
YEARBOOK OF INTERNATIONAL ORGANISATIONS	"International Agency for Research on Cancer" Entry E 3549 (1983/84) 1p.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

UNION INTERNATIONALE CONTRE le CANCER (UICC)

As the centre of an international network of organisations interested in cancer, the UICC has a very sharp focus on the disease, its prevention & control. Although the Secretariat is quite small, the Smoking & Cancer Programme is one out of only 11 areas, (see appendix 1) and can command a lot of attention from the leaders. Thus those working under its aegis are very clearly committed to the eradication of cancer, and tobacco is a target given a lot of attention. Its public is normally cancer specialists, and although its anti-smoking publications all carry a note of urgency, the normal method of working in this area, as in others, is through prominent national individuals & organisations, and through local health professionals, rather than in direct political agitation. Particularly prominent are the UICC regional meetings and workshops.

SMOKING

The Smoking and Cancer Special Project (now Programme) began in 1975 by means of a special grant of $50,000 from the International Cancer Foundation. Like Masironi's Unit in WHO, it crosses the structural divisions of the organisation (e.g. with implications for programmes 3, 7, 9, 10, and 11) and this is why (along with financial reasons) it only became a full Programme in 1982. Dr. Gray also makes it clear that the 1976 workshop of which he was Chairman produced policy objectives that were later accepted by both WHO and IUAT, providing "the basis for an internationally uniform set of goals." (GRAY 1981)

Apparently the Smoking & Cancer Programme has always had to rely on special grants rather than being integrated into the main budget; the Programme has been funded since 1981 by the Norwegian Government ($50,000 per year). The UICC is the centre, through this programme, of the INTERNATIONAL ANTI-SMOKING LIAISON COMMITTEE, (Chairman: Dr. D. Nostbakken), consisting of representatives of WHO, IUAT, IUHE, ISFC, and of the countries organising the World Conferences on Smoking & Health (UK, USA, Sweden, & Canada).

The Programme includes a number of consultants, each responsible for smoking control activities in particular regions:

Asia	-	Dr. Nigel Gray
Europe	-	Dr. Michael Kunze
	-	Mr. Michael Daube
China		Dr. Kjell Bjartveit
India	-	Mr. D. Simpson
South America	-	Mr. Allan Erickson
Africa	-	Mr. Michael Daube.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

Meetings

From the most recent account of the Programme's Work (GRAY 1984) it seems that workshops, seminars & symposia are given the greatest priority as means of influencing decision-makers and potential activists. There have been a number of major symposia and anti-tobacco workshops:

Pre-1980	-	Cairo, Manila, London, Sao Paulo, Porto Alegre, Rio de Janeiro, Bombay
1980	-	Paris, Caracas, Uruguay, Buenos Aires
1981	-	Nagoya, New Delhi, Singapore, Budapest (3rd European), Kuwait (1st Gulf), Colombo
1982	-	Chile, Peru, Colombia, Manila
1983	-	Smoking Control Workshops - Bolivia, Colombia, Mexico, Pakistan, Bahrain (2nd Gulf Regional), Papua-New Guinea
1984	-	Workshops in Brazil, Ecuador, Panama, Paraguay, Khartoum, Jakarta, Buenos Aires, Warsaw.
1985	-	Kualar Lumpur
1986	-	Hong Kong

In addition, the Programme consultants are constantly making "site visits" (GRAY 1982) to make contacts, encourage the local workers, plan workshops, help in the formation of local anti-smoking movements etc. (GRAY 1984).

The World Conferences on Smoking & Health are obviously times of great activity. Summing up the Winnipeg event, Michael Daube said of UICC participation "Many speakers during the conference referred to the success of the UICC Programme which was itself the subject of a special workshop and a separate plenary paper, and a mobile exhibition which can be used at any future UICC workshop on smoking. Members of the UICC Programme team prominent in the Conference included David Nostbakken (Conference Chairman), Robert Wake (Programme Committee Chairman), and plenary speakers and session chairman included Nigel Gray, Kjell Bjartveit, Allan Erickson, Michael Kunze, Michael Wood, David Simpson and Mike Daube. All those concerned with the Programme were particularly encouraged to see the number of participants in the Conference from countries that have hosted UICC workshops: even more impressive was the amount of UICC-related activity taking place in meetings at and around the Conference." (DAUBE)

It would be natural for Smoking Control to feature in UICC meetings in general, and indeed there were a number of papers on tobacco given at the major conference in Seattle (September 1982) (see GRAY 1982). The next International Cancer Congress will be in Budapest, August 1986.

Publishing

The Union has issued a number of kits, brochures, displays, films and educational material (see UICC 1980), and integrates material on smoking in its other publications (see HOBBS as example). However, the three major monographs on smoking have all been issued in the 'Technical Report' series (see bibliography, GRAY and DAUBE, KUNZE, WAKE et al.)

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

Influence

The influence of the UICC in the world at large is very considerable. The Union has consultative status with WHO and ECOSOC, and is clearly highly regarded by cancer professionals throughout the world. The Smoking & Health Programme is undertaken by people who are known to be committed activists, and the manuals are used & quoted throughout the world anti-smoking community. The workshops are thought to be highly influential by the Union itself, both in focussing attention on the situation and in stimulating further action in the country or region. The meeting on smoking control organised by the UICC in 1976 with Dr. Gray as Chairman was a turning point in the Union's commitment against smoking. The World Conferences apart, it is the only time that the five 'elder statesmen' of the anti tobacco movement have met together in one place. The UICC's leadership role has continued with their sponsorship of the International Liaison Committee (1983 onwards). It is therefore absolutely certain that the anti-smoking community without UICC would lack the penetration and force that make smoking issues so acute.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

Appendix 1

ORGANISATION and STRUCTURE

Founded in 1934, the UICC was set up as an international centre to promote the fight against cancer. Its objectives are

a. To form or support national cancer societies
b. To promote public education about cancer
c. To act as an international clearing-house for the exchange of information (via meetings and publications) and of personnel (via fellowships and exchange-visits).

The Union has 178 members in 76 countries made up of

a. Voluntary national associations, (like the American Cancer Society)
b. Cancer research bodies (e.g. Imperial Cancer Research Fund)
c. Government bodies (e.g. Madras Cancer Institute)

plus associate members such as bodies with cancer as a peripheral interest, or organisations not directed by medical personnel.

The governing structure of the Union is as follows:

GENERAL ASSEMBLY (3 delegates (max) from each country)
(meets every 4 years).

COUNCIL (15 members of the General Assembly,
+ 7 Vice Presidents
+ Executive Committee)
(meets every 2 years).

EXECUTIVE COMMITTEE (15 members, including chairman of some programmes)
(Annual)

SECRETARIAT
Executive Director: Dr. Philip Selby
14 paid members of staff (1983).

FUNDING

- Membership Dues (vary by country from $500 to $60,000)
- Special Grants & Contributions.

Budget (1983) US$1,300,000.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

ACTIVITIES

The Union's work is organised into eleven programmes, listed below, with the Chairman of each Programme Committee.

1.	Tumour Biology Programme	(Dr. M. Burger)
2.	C I C A Programme	(Dr. R.L. Clark)
3.	Professional Education Programme	(Dr. S. Eckhardt)
4.	Treatment and Rehabilitation Programme	(Dr. I. Elsebai)
5.	Smoking and Cancer Programme	(Dr. N. Gray)
6.	Multidisciplinary Project on Breast Cancer	(Mr. J. Hayward)
7.	Epidemiology & Prevention Programme	(Dr. T. Hirayama)
8.	Fellowships & Personnel Exchange	(Prof.L.G.Lajtha)
9.	Multidisciplinary Project on Oral Cancer	(Dr.J.J.Pindborg)
10.	Detection & Diagnosis Programme	(Dr. U. Veronesi)
11.	Campaign Organisation & Public Education	(Judge J.H.Young)

Clearly the orientation of the Union is highly technical, clinical and professional. Indeed, only programmes 5 and 11 (and perhaps 7) have an impact on the general public, which is confirmed when one seeks documentary evidence for the influence of the UICC on legislative decisions for instance. There is little mention of the organisation in the popular press, and its work is largely limited to co-operation among cancer professionals. This is also reflected in its publishing programme, which consists of the following:

Periodicals:

- "International Journal of Cancer" (serious articles on cancer in all aspects).
- "International Cancer News" (News bulletin for general public).
- Calendar of meetings on cancer.

Monographs:

- Technical Report series
- Directories (of research for example)
- Conference proceedings and reports.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

UICC Bibliography

DAUBE, M.	"The 5th World Conference on Smoking and Health: a valuable springboard for future international activity" UICC News, (September 1983) 1:(1) pp.10-12.
GRAY, N.	"Review of UICC Program on Smoking and Lung Cancer" Cancer Forum, (March 1981) 5:(1) pp.15-18.
GRAY, N.	"Special Project on Smoking and Cancer" UICC Bulletin (August 1982) 20:(3) Activities Report 1980-1982, 2pp.
GRAY, N.	"Lung Cancer Prevention: why, where and how the UICC has tried to assist this political and cultural process" Proceedings 13th Int. Cancer Congress (September 8-15), 1982) Abstract 3723, p.652
GRAY, N.	"Smoking and Cancer Programme" UICC News, (September 1984) 2:(3/4) p.33-35
GRAY, N. and DAUBE, M.	"Guidelines for Smoking Control" 2nd ed., UICC, (1980), Technical Report 52, 134p. Appendices (also available in Spanish and German)
HOBBS, P.	"Public Education about Cancer: recent research and current programmes" UICC, (1984), Technical Report 77, 104pp. (Includes papers on smoking by CHARLTON, JOTTI, and DOELLNER).
KUNZE, M. and WOOD, M.	"Guidelines on Smoking Cessation", UICC, (1984), Technical Report 79, 74p.
UICC	"International Catalogue of Films, Filmstrips and Slides on Public Education about Cancer" UICC, (1980), Technical Report 54, 186p. (80 pages on Smoking visual aids).
WAKE, R. et al	"A Manual on Smoking and Children" UICC, (1982), Technical Report 73, 127p.
YEARBOOK OF INTERNATIONAL ORGANISATIONS	"International Union Against Cancer" Entry B 2648 U.I.A., (1983/4), 2p.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

INTERNATIONAL UNION FOR HEALTH EDUCATION (IUHE)

The Union is an organisation of national governmental bodies & individuals whose focus is on the promotion of education about health among the general public.

SMOKING

The IUHE was included in this report chiefly because of the issue of "Hygie" for March 1983, which was mainly taken up with anti-tobacco articles. While it is true that smoking is not a major focus at the moment, smoking issues certainly do feature on the priorities of some constituent members (notably the UK Health Education Council and the Irish Health Education Bureau), and the Union is a forum where committed anti-smokers could expect to be heard sympathetically. The Union's quarterly journal regularly includes anti-smoking news, in its 'health education' aspect, as the following examples show:

"Glasgow to become a non-smoking city" (March 1984)

"Recommendations of the Fifth World Conference on Smoking and Health" (a major review, June 1984).

"Smoking: highest priority for the HEC" (June 1984)

"The Brigantia smoking survey" (major article by Anne CHARLTON, September 1984)

"Guidelines on smoking cessation" (Book review, March 1985).

Smoking issues also featured at the Dublin World Conference (September 1985). It is worth noting that Dr. Harry Crawley, the Conference Director has just been elected President of the IUHE, and is the Director of the Health Education Bureau in Ireland. He is a leading Irish anti-smoker, who at the conference presented a paper on his own anti-tobacco campaign "Knot in Public". Otherwise at the meeting, out of 354 papers 29 were on smoking issues, some poster presentations, and six anti-smoking videos.

The Union has consultative status with ECOSOC, UNESCO, WHO and UNICEF. WHO and UNICEF helped sponsor the Dublin conference; WHO and UNESCO send observers to the Technical Development Board. Thus the IUHE is a very credible body of health education professionals, and though they are not mounting a major campaign (compared to UICC, for example) the Union is collaborating closely with the WHO Smoking & Health programme to produce educational material for developing countries (MASIRONI).

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

ACTIVITIES

Founded in 1951, the Union's objectives are:

a. To pool experience and knowledge of health education between people and organisations
b. To promote scientific research in health education
c. To improve professional preparation, education & training in the speciality
d. To encourage the development of informed public opinion on health living.

There are standing committees on study & research, and professional preparation, plus a Technical Development Board (32 members + observers) of health education 'experts in the field'.

The Union organises:

Meetings

World Conferences, Regional Conferences (notably the Triennial conference and General Assembly; 1982 Hobart, 1985 Dublin)

Seminars and Symposia (e.g. "Health education in primary health care", Geneva, May 1984)

and publicises meetings in its domain where it is not directly implicated.

Publications

"Hygie: International Journal of Health Education" quarterly
Secretariat Bulletin

European monographs on research in health education (actually issued by constituent members in Scotland, France and W. Germany)

Conference proceedings

"Europe News" (from the Köln regional office)

Languages are English or French or Spanish, with summaries in the languages not used principally.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

Appendix 1

STRUCTURE and ORGANISATION

Founded in 1951, the IUHE is an organisation designed to promote professional health education at the international level. Its governing structure is as follows:

GENERAL ASSEMBLY (meets every 3 years. All members)

EXECUTIVE COMMITTEE (20 elected members, 12 Permanent Counsellors, Unions Officials)

SECRETARIAT (Paris)

President: Dr. Harry Crawley

Secretary General: Dr.E. Berthet

Executive Director:
(in day-to-day change)
Mr. D. Sigaudès
2 paid staff, some volunteers.

REGIONAL OFFICES

Europe (Köln) Prof. M.A. Modolo

Africa (Lagos) Dr.J.Laoye

N.America (Ottawa) Dr.F.Fiori

N.W.Pacific (Seoul) Prof.Y. Kanenaga

S.E. Asia Dr. V. Ramakrisha

Three further Regional Offices are being considered: Latin America, Eastern Mediterranean, and S.W. Pacific.

There are three classes of membership:

a) Constituent Members (National organisations whose sole purpose is health education) (22 countries).

b) Group Members (with health education as a peripheral or subsidiary interest) (24 countries)

c) Individual members (71 countries).

FUNDING

a. Membership dues

b. Sales

c. Grants & Gifts

No figures are available.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

IUHE Bibliography

BERTHET, E. et al. — Dix années d'activities de l'UIES" Hygie, (March 1986) 5:(1), pp.10-15

IUHE — "Abstracts. 12th World Conference on Health Education, Dublin, September 1985"

MASIRONI, R. — "WHO action in smoking control", WHO/UICC Seminar on Smoking and Health, Jakarta, (September 1984), 7pp.

YEARBOOK OF INTERNATIONAL ORGANISATIONS — "International Union for Health Education" Entry B2659, U.I.A., (1983/4), 1p.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

INTERNATIONAL UNION AGAINST TUBERCULOSIS (IUAT)

Established as a voluntary international body to combat tuberculosis, the union is a network of national anti-tuberculosis associations, working through scientific committees, publications and meetings.

SMOKING

Within this activity, concentration on tobacco is still very limited, since the Committee on Smoking and Health is very new (September 1983 first meeting). In a sense this is quite surprising, since the Bulletin gave space to a description of the role of government in smoking control as early as 1978 (BJARTVEIT); on the other hand, smoking has never been associated seriously with tuberculosis, and the new committee was apparently an offshoot of the Respiratory Diseases Committee, itself quite recent.

The report of the 1984 meeting of the Smoking and Health Committee is included as Appendix 1. Below are reproduced a few salient points:

a. The members of the Committee are committed anti-smokers - Fréour, Bjartveit, Crofton (involved in Scottish ASH), Kozak and Masironi, especially.

b. The Committee's first concern was to co-operate with WHO and UICC in the exchange of information & documents, in the establishing of practical work, in representation at each others meetings etc.

c. The Committee is already planning practical operations, including a survey of smoking among medical students (pilot project in Czechoslovakia, France, Senegal, Egypt, Brazil, Ethiopia, Gabon, India & UK), constituent measurement in developing countries, an anti-smoking pamphlet for distribution to IUAT members and their political contacts, and sessions on smoking control at all Regional & International Conferences.
The survey questionnaire is based on the WHO guidelines.

d. The recommendation that the 1986 Singapore Conference be totally non-smoking has been accepted (see Appendix 3).

The IUAT is a body of technical TB professionals, working in a solidly scientific manner. Up to now, their profile on smoking control has been non-existent, but it is clear that the Union wants this to change, and that their commitment to operations against tobacco will be limited only by money. If they succeed in attracting special grants (as Gray has done for UICC) they could become second only to the anti-cancer body among the medical associations opposing the use of tobacco.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

The union operates by means of seven Scientific Committees:

1. Epidemiology and Statistics
2. Diagnostic Methods
3. Bacteriology and Immunology
4. Treatment
5. Tuberculosis in Animals
6. Respiratory Diseases
7. Smoking & Health

Like most international co-ordination efforts, the practical activities of IUAT are communicative, and fall into three parts:

Meetings

- Regional Conferences of the IUAT itself
- International meetings (for example 26th IUAT World Conference on Tuberculosis and Respiratory Diseases, announced for Singapore, November 1986).

Publications

- "IUAT Bulletin" Quarterly. Contains news, reports of IUAT activity, reports of conferences etc. Audience very clearly limited to TB professionals.
- Conference Proceedings
- Guides, Manuals, Norms, Standards

Courses

A new departure for the organisation, which it appears to think will be very popular, but which is limited by funds.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

Appendix 1

STRUCTURE and ORGANISATION

The Union is a voluntary international body established in 1920 to promote the eradication of tuberculosis. Its constituent members (all national anti-tuberculosis associations) come from 111 countries, and individual membership is also accepted.
The governing structure is as follows:

GENERAL ASSEMBLY
(meets every 2 years)

ANNUAL COUNCIL (Representatives from each national anti-tuberculosis association)

EXECUTIVE COMMITTEE (12 members, including one from each of the four IUAT Regions, elected by Annual Council)

SECRETARIAT
(Executive Director: Dr. Annik Rouillon)
8 members of staff

FUNDING Quotas from constituent members
individual membership fees

It is clear from the 1984 Secretariat report that the Union experiences difficulty in regular receipt of membership dues, since a major part of a new electronic office system was devoted to accounting and especially subscription reminders. A new fund-raising system has just been initiated, from which the Secretariat hopes a great deal; however, their report concluded "the period from September 1983 to July 1984 ... has shown that the financial basis of the IUAT remains fragile and that extreme vigilance is needed to remain within the possibilities of our means, that are unfortunately limited".
No figures are available.

ACTIVITIES IN GENERAL

The Union's objectives are

a. To co-ordinate and promote internationally the work of the national anti-tuberculosis societies in the control and eradication of tuberculosis.

b. To liaise with other international organisations, especially the WHO

c. To promote studies of epidemiology and treatment

d. To disseminate information (especially educational material)

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

IUAT Bibliography

BJARTVEIT. K. "Governmental Action on Smoking and Health" Bulletin of the IUAT, (1978), 53:(4) pp. 334-339

COMMITTEE ON SMOKING AND HEALTH "Report of 1984 meeting, Tunis, 22-23 October 1984" Bulletin of the IUAT, (March-June 1985) 60:(1-2), pp. 75-77

YEARBOOK OF INTERNATIONAL ORGANISATIONS "International Union Against Tuberculosis" Entry B 2651, U.I.A., (1983/4) 1p.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

INTERNATIONAL ORGANIZATION OF CONSUMERS UNIONS

The IOCU is a federation of national consumer organisations established in 1960, which aims to co-ordinate the national bodies, and to promote the interests of consumers at the international level. This aim is fulfilled by a range of operations including meetings, publications, training, research, information & documentation, and action. (see Appendix 1)

SMOKING

Within the range and scope of IOCU's activities in the area of consumer protection (see Appendix 1 & 2 for examples) their focus on smoking has appeared only very recently. In the resolutions of the 10th World Congress (June 1981) the mentions of tobacco feature very much in passing. From the Education Workshop:-

- Resolved that "the IOCU is to ensure the distribution of information on unsafe products such as drugs, cigarettes, alcohol, infant formula, and some children's toys through the existing information network".

and from the Medical Workshop:-

- Resolved that "IOCU urges the adoption of a code of marketing practices of tobacco" (IOCU Proceedings, 10th World Congress).

However the change in tone was perhaps already signalled by the presentation of a paper to that meeting by the Australians, entitled "Cigarettes in the eighties: what quality is this poison?" (SHORT).

Since then, interest in smoking issues has risen very sharply. At the Ranzan seminar (July 1983) there was a workshop on alcohol and tobacco, chaired by Allan Asher (the Australians again) with Ruth Vermeer as rapporteur. The concluding paragraph went:

> "Summing up, Allan Asher said that tobacco and alcohol products were causing a range of serious consumer problems. Consumer organisations should begin to work more closely so that their campaign would become more effective nationally as well as internationally. The major international event in 1983 on tobacco is the Fifth World Conference on Smoking & Health .... ..IOCU, through the ACA, plans to attend."

The 11th World Congress (Bangkok 1984) carried this scrutiny a stage further with a resolution in plenary session on tobacco (Appendix 2) supporting a campaign to eliminate all tobacco promotion. The latest stage is the creation of the body to undertake this campaign - the Action Group to Halt Advertising & Sponsorship of Tobacco (AGHAST) (see Appendix 3). From the same bulletin we learn that the manager of this campaign is Simon Chapman, who arrived in Penang on August 8, 1985 after receiving his doctorate degree in Anthropology. A month later, he was joined by an assistant, Wong Wei Leng.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

However, three months later (November 1985) Dr. Chapman left Penang for the State of South Australia, where he had accepted the post of Director of Health Promotion. Co-ordinator of AGHAST is now Atie Schipaanbord, who operates from The Hague.

As far as publishing is concerned, smoking issues are given constant coverage in 'Consumer Currents' and the manual "Generating Power" contains a 4-page chapter on tobacco containing the usual allegations about health, advertising, exploitation of Third World, etc. (ELWOOD).

In the ad hoc series of bulletins issued for the 1984 World Health Assembly "Health Now", the Health Action International included a feature about the Third World and smoking (SHARMA). However, the publication with the most impact long-term is likely to be Chapman's "The Lung Goodbye" issued by Consumer Interpol as a contribution to the Winnipeg Conference in 1983. Chapman's new 70-page compendium entitled "The Dying Industry" was issued in 1986.

All this activity indicates that the IOCU focus on smoking, while still in an early stage, is likely to become powerful quite quickly. The influence of the Organization is difficult to quantify exactly, but it is certainly taken seriously as a body (consultative status with UN ECOSOC, CTC, UNICEF, UNESCO, UNIDO and FAO (Codex Alimentarius), and links with Council of Europe). A position against smoking would automatically guarantee 'right of entry' into co-operation with other bodies with the same stance, and indeed the recent smoking control workshop in Malaysia was organised as a joint operation by IOCU and UICC. In this connection it is probably significant that Dr. S.K. Teoh (Chairman, Malaysian ASH) visited the IOCU office in April 1985.

The Organization has recently decided to concentrate its efforts in Latin America, and announced at the 1984 Congress that it would open an office in the continent. As a first step, it has begun to issue "La Voz del Consumidor" on consumer topics, of which the April/June 1985 issue was devoted entirely to anti-tobacco topics, largely being reprints from the New York State Journal of Medicine, December 1983.

It needs to be stressed how different the IOCU is from the science-based bodies otherwise described in the report, and also how much influence the Penang office has on its activities. Anwar Fazal (ex-President of IOCU, and now Regional Director) has put a lot of energy into making the Organization a militant body, acting for social change. This energetic activist approach obviously makes a considerable impression, and also attracts like-minded people (e.g. Chapman) into the ranks.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

Appendix 1

ORGANISATION AND STRUCTURE

Founded in 1960, the IOCU is a voluntary international body, set up initially to share the experience of five industrial countries in product-testing and monitoring. Since that year, the Organization has expanded considerably, and its interests have also widened and become much more political, with especial emphasis on less developed countries. The IOCU protects its independence with very strict conditions for membership. There are presently 44 Associate Members plus 70 Corresponding Members in over 50 countries. The former must be national associations exclusively working in the consumers' interest, non-profit making, without political bias, and functioning without subsidies and without advertising in their publications. The latter do not meet these stringent criteria, but are still acceptable in their commitment to consumerism, and they have no vote in the Organization's affairs.

The governing structure of the IOCU is as follows:

GENERAL ASSEMBLY (meets every 3 years)	(of all associate members) (President: Rhoda Karpatkin)
COUNCIL (Annual)	(15 elected associate members)
EXECUTIVE (Twice per year)	(6 elected associate members)

SECRETARIAT

Headquarters (Den Haag)	Regional Office (Penang)
Director: Lars O. Broch Paid staff ± 10	Director: Anwar Fazal Paid staff ± 12

FUNDING

Money comes from 3 sources:

a. Membership subscriptions (about 95% of regular budget)

b. Sales of publications (5% of regular income)

c. Grants for special projects & programmes (from Governments, UN Agencies, Development Organisations)

Income has trebled from 1975 to 1983 (last figures available) from 525,000 Dutch guilders to 1,615,000 Dutch guilders (roughly US$200,000 to US$600,000). Within this time-span the role of grants & donations in the total budget has become much more important, from about 20% total income in 1976 to over 50% in 1983.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

ACTIVITIES IN GENERAL

The principal objectives of the IOCU are:

i. To promote and support national consumer bodies (especially newly-formed associations and those in the Third World)

ii. To represent the consumer at the international level

iii. To co-ordinate and exchange the skills and experience gained in political activity at local/national level.

As with all such "international network" bodies, the main activities are meetings and publications:

Meetings

The Organisation holds its own World Congress every three years, normally with an overall theme (1981 The Hague "Consumers in a shrinking world"; 1984 Bangkok "5 Billion consumers: organising for change"). At these meetings IOCU business is conducted, as well as papers on the theme(s) delivered in plenary sessions.

In addition, special conferences are convened, as the Organisation feels appropriate; hence "Health, Safety & the Consumer" a 3-day seminar held in Ranzan (Japan) in April 1983 with sessions on Drugs & Health, Pesticides, Trade in Hazardous Products, Safety & the Law, Safety Education, among others.

Publications

- "IOCU Newsletter" (published from The Hague) 10 issues per year.
- "Consumer Currents" (issued from Penang) 10 issues per year.
- Conference Proceedings & Triennial reports on work in hand.
- Reports on specific topics & activities. Ad hoc publishing for special events (e.g. the 37th World Health Assembly).
- IOCU Directory.

All of these operations are conducted in a way quite distinct from the cool and fairly detached tone of associations initially set up for the exchange of scientific information (notably the IUAT), and the language and perspective of the IOCU make it clear that their aims will only be met by definite social and political change in favour of consumers, especially in developing countries.

However, in addition, the Organization undertakes other operations which mark it very firmly as a pressure group acting within the political domain either nationally or internationally.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

Training

Courses and programmes for "consumer educators, activitists or information specialists" (IOCU Consumer Directory).

Research and Action

Via special projects to combat what IOCU sees as the principal consumer problems.

- Consumer Interpol begun in 1981 and run from Penang. Intended as an "alert-system for hazardous consumer products" especially in developing countries.

- International Baby Food Action Network (IBFAN) established to monitor the implementation of the WHO Guidelines on baby food, through local legislation.

- Pesticide Action Network (PAN) run jointly by OXFAM (UK) and the Penang office, monitoring the production, export and use of 'dangerous chemicals' used to eradicate pests in food crops.

- Health Action International (HAI) organised from both Penang and Den Haag. HAI is "a network of non-governmental organisations, active in pharmaceutical and health questions".

All these operations are overseen by five committes (Testing, Education, Developing Countries, Legal Working Group, and Medical Working Group) and supported by extensive Library/Documentation resources.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

IOCU

IOCU Congress, Bangkok 9 - 14 December 1984

IOCU Congress Resolutions

At the opening session of the IOCU World Congress, the General Assembly passed the following Bhopal Resolution:

Recognising the devastating toll of human life and suffering taken by the worst chemical disaster the world has yet known, the General Assembly deplores the gas leakage tragedy in Bhopal, India, as the latest evidence of the gross lack of care to ensure consumer safety by multinational corporations in Third World countries; and calls upon the appropriate authorities to impose and enforce stronger environmental and safety regulations; penalties for all who transgress them; and redress and compensation for all who suffer.

Other Resolutions were passed at the final session of the General Assembly. The texts which follow are subject to confirmation as some (Consumer Protection Guidelines, Food, Breastfeeding, and Transnationals) were amended during the Assembly and, although the sense is given here, the precise wording may be marginally different.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

UN Consumer Protection Guidelines

Recognising that protection of consumer interests is a basic human right and an important component in economic development, the IOCU General Assembly welcomes the work undertaken by the United Nations to develop and adopt a world charter of consumer rights - the UN Guidelines on Consumer Protection. The IOCU General Assembly strongly urges IOCU to work together with the United Nations Assembly for the wide dissemination of the Guidelines and furthermore to assist governments in implementing the principles contained in the Guidelines. In this connection, IOCU should explore possibilities for establishing a Consumer Protection Advisory Service directed at advising governments and supporting consumer groups in the development and implementation of a consumer protection policy.

Consumer education

This General Assembly, endorsing the Declaration of the IOCU Seminar on Consumer Education in Schools held in Oslo during July 1984, urges IOCU to explore possibilities of creating and maintaining a clearinghouse on consumer education materials, especially for schools. Further, it urges IOCU and its member organisations to ask appropriate government authorities to support special activities for consumer education to make the 1985 International Year of Youth more meaningful.

Lead in petrol

This General Assembly, recalling that Japan has now completely eliminated lead in petrol, that the US has decided to phase out lead in petrol in 1984, and noting that the EEC Member States have just taken the decision on 6th December 1984 to phase out lead in petrol by 1989 at the latest and 1986 at the soonest; noting that Japan and the US have already taken strict measures to lower severely other motor vehicle emission (such as carbon monoxide, hydrocarbons, nitrogen oxide) and that the EEC is planning to define equivalent measures in 1986:

1. *urges the public authorities of all the other countries, including developing countries, to decide to phase out lead in petrol as soon as possible;*

2. *urges the same countries to define rapidly plans for the progressive lowering of other motor vehicle pollutants;*

3. *urges the car manufacturers, the oil refiners and the public authorities of Japan, the US and the EEC Member States to apply to the motor vehicles they export and they assemble abroad and to the oil they refine for exportation and refine abroad the same pollution standards they have to respect at home;*

4. *urges these car manufacturers and oil refiners to develop in this respect new techniques which are less costly than the present ones and, in the meantime, not to raise the over-costly end prices pertaining to these policies more than at home.*

Pharmaceuticals

Recognising the unique power of pharmaceutical products to help or harm consumer health; and recalling earlier General Assembly Resolutions on the need to put people's health before any consideration of economic gain; this General Assembly reaffirms IOCU's commitment to work for rational and economic drug policies worldwide and urges IOCU to work to ensure that all medicines have significant therapeutic value; meet real medical need; are acceptably safe; and offer satisfactory value for money. Further, recognising that full and accurate information on drugs is essential for their safe and effective use, this General Assembly urges IOCU to do everything possible to ensure that the supply of drug information to prescribers, dispensers and consumers is improved in both quality and quantity.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

Butazone drugs

Recognising that phenylbutazone and oxyphenbutazone are significantly more dangerous than other non-steroidal anti-inflammatory drugs, and that they are without important therapeutic advantage for the vast majority of consumers who need such drugs; this General Assembly urges IOCU to press for the complete withdrawal of systemic oxyphenbutazone and the restriction of phenylbutazone to use as a drug of last resort in all countries.

Patients' rights

This General Assembly calls on the health authorities in each country, the associations of medical professions, the medical practitioners and all other organisations and individuals concerned to make their best efforts to uphold patients' dignity and rights as human beings, including the right to accurate information, the right to safety, the right to treatment and care, and also the right to refuse treatment.

Further, it calls on IOCU and its member organisations to formulate proposals to achieve this end both internationally and nationally.

Export of drugs from the US

Whereas safe and effective pharmaceuticals bring significant benefits to the world, and

Whereas pharmaceuticals have a powerful ability both to help and harm, and must therefore be used with care and attention to appropriateness of use, so that benefits will always outweigh risks;

Whereas less developed countries face shortages of trained personnel and resources to analyse risks and benefits, evaluate safety and efficacy, and enforce drug regulatory systems;

Whereas people the world over are affected in the same way by pharmaceuticals, and should not be subject to a "double standard" differing from the standard in effect where a product is manufactured;

Whereas the world looks to the Unit States for leadership in consumer protection, and recognises that its policies on pharmaceuticals have served as an example to other countries:

The 11th IOCU World Congress deplor Senate Bill 2878, which was introduc into the United States Congress in 1984; or any similar measure which would have the effect of changing U law to permit the export of pharmaceuticals that are banned, withdraw or not approved for used in the United States, and

calls on the US Congress to retain i commendable prohibition on the expor to any country of unapproved drugs, which is embodied in Section 801 of the Food, Drug and Cosmetic Act.

Food

As problems concerning food are a central concern for many consumer organisations, this Congress urges IOCU to intensify its activities on food issues and provide systematic support for such activity and in particular to update the resource kit to help stimulate awareness and action around World Food Day on October 16th.

Breast-feeding

This General Assembly, reaffirming IOCU's commitment to the promotion of breast-feeding, invites IOCU offices and its member organisations to take all possible measures to enable their own staff to breast-feed their infants as long as possibl by providing adequate maternity leave or adequate opportunity for breast-feeding at the workplace;

urges the International Labor Organisation to revise existing labor conventions with a bearing on this subject in the same sense;

requests IOCU and its member organisations to use their influence on other organisations, institutions and governments to facilitate prolonged breast-feeding.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

Consumer Interpol

Recognising that IOCU has a major and long-term commitment towards promoting consumer safety world-wide and that its Consumer Interpol programme has been highly successful in forming a collaborative network of consumer organisations in more than 30 countries for rapid information exchange on newly discovered or newly regulated hazardous products, the IOCU General Assembly confirms its strong support for the Consumer Interpol Programme and encourages IOCU to continue it and to amplify the effects of the programme by broadening IOCU's engagement, including intensification of training of consumer alert receivers, expansion of analyses, studies and briefing papers on product hazards and campaigns concerning policies of manufacturers and traders related to hazards in internationally traded consumer products.

Hazardous products

The General Assembly recalling its resolutions on the export of hazardous products at the 10th IOCU Congress held in June 1981; and bearing in mind its efforts to contribute to an early warning system on unsafe products through the implementation of its programme, "Consumer Interpol"; and noting that there have been a number of recent international initiatives, notably those by the United Nations and some of its agencies and the European Parliament, to deal with the export of potentially hazardous products;

supports the UN General Assembly resolution 37/137 of 17th December 1982 on "Protection Against Products Harmful to Health and the Environment";

commends the UN's continuing work on the "Consolidated List of products whose consumption and/or sale has been banned, withdrawn, severely restricted or not approved by governments";

supports the "Provisional notification scheme for banned and severely restricted chemicals" adopted by the UNEP Governing Council in May 1984;

supports the European Parliament resolution of 14th October 1983 on the export of various dangerous substances and preparations (especially pesticides);

supports the recommendations relating to the sale of European pharmaceutical products in the Third World, adopted by the Parliamentary Assembly of the Council of Europe in October 1983;

calls on all governments to take the necessary steps to bring into effect the UN General Assembly resolution 37/137 and the UNEP Provisional Notification Scheme;

calls on, in particular, the European Economic Community and the Council of Ministers of the EEC to implement the European Parliament resolution and the recommendations of the Parliamentary Assembly of the Council of Europe in October 1983;

urges IOCU to press for the extension of the principles embodied in these measures to the export of hazardous wastes and technologies;

urges IOCU to investigate the feasibility of preparing an authoritative compilation of hazardous consumer products that have been recalled by importers or manufacturers to complement the United Nations Consolidated List so that we may be better informed and thus able to act.

In addition, this General Assembly firmly supports the principle that product bans should apply equally to products for domestic consumption and for export and that consumers in both the country of manufacture and the country/ies of import should be informed of any exceptions to this rule.

International trade

Recalling earlier General Assembly resolutions on trade protectionism, IOCU reaffirms its general view that freer trade between nations is in the consumer interest. The General Assembly recommends that:

- *Governments should be called*

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

upon to announce a phased programme for the dismantling of those existing trade barriers which have a negative impact on consumers;

- each country should have a body to analyse and publish the costs and benefits of proposed trade controls. Consumer organisations should be represented on such a body, and given funds necessary for the representation to be effective;
- within the general framework of an open international trade, full regard must be had towards protecting consumers against products dangerous to their health or safety.

Tobacco

Whereas tobacco smoking and the diseases it causes have reached epidemic proportions in the developed countries where research has shown that smoking is the largest single preventable factor in ill health and premature death;

whereas tobacco smoking is rapidly gaining ground in developing countries and already signs are visible of what the World Health Organisation calls "tomorrow's epidemic";

whereas health and safety are primary concerns of consumer groups and IOCU:

and whereas IOCU's special areas of knowledge and expertise and that of its member organisations lies in the field of economic surveys, representation of consumers' interests and drafting of consumer protection measures such as legislation and codes;

the General Assembly supports the launch of a campaign to combat smoking promotion which will aim at eliminating the marketing and promotional practices of those engaged in the manufacture and sale of tobacco products, and at taking other measures to significantly reduce the influence of smoking worldwide.

Public relations

This General Assembly recommends that the pack prepared for the 11th Congress Workshop on Designing a PR Brochure should be adapted and edited so that it can be used as a permanent guide to new consumer organisations in developing countries.

Development in Africa

Recognising that consumer protection is an essential part of development, and taking account of the difficulties and complexities involved, this General Assembly resolves that it is important for IOCU to begin systematic work in Africa and to strengthen its efforts in this area.

IOCU Regional Office for Latin America

Recognising that the development of the consumer movement in Latin America is advancing rapidly and acknowledging that this development has been helped by the fact that Latin America is moving towards a greater degree of democracy than was the case in the recent past, the IOCU General Assembly recommends that IOCU sets the establishment of an IOCU Regional Office for Latin America as an important goal and that such an office, if feasible, should be set up before the next IOCU World Congress.

Testing

Recognising the importance of the Simple Tests Manual to smaller organisations, this General Assembly recommends that work on the Simple Tests Manual be continued in order to produce test methods for a greater variety of products and to encourage wider use of the existing Manual. Further, this General Assembly recommends that IOCU seek funds for this second stage of the work.

In addition, this General Assembly proposes that IOCU look into the possibility of setting up a special

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fund to make such a service available to organisations in developing countries, because of the problems posed by unsafe products and the need for tests to be conducted at short notice.

Indian drug policy

In view of the fact that changes to the Indian National Drug Policy are envisaged for the near future, this General Assembly strongly recommends that these changes should be essentially in keeping with the concept of a Rational Drug Policy.

Further, the General Assembly recommends that the interest of the people and their health needs guide the drafting of this policy - ensuring easy availability of essential drugs at reasonable cost and withdrawal of known hazardous and irrational drugs.

Consumer education in the mass media

Bearing in mind that more meaningful co-operation is needed between consumer organisations and journalists in all media, this General Assembly recommends that:

- *joint training sessions at regional or national level should be held wherever possible, using existing supportive resources;*
- *individual consumer organisations should intensify their contacts with appropriate media, as a means of fulfilling their social responsibility to the community in the field of consumer education;*
- *consumer organisations should more systematically exploit the newsworthy nature of the material they handle;*
- *consumer organisations should monitor and evaluate the practical long- and short-term effects of the publicity they generate for consumer education in the media;*
- *appropriate international agencies be urged to facilitate a freer interchange of consumer education materials.*

Further, it urges IOCU to appeal to all governments to give greater importance to disseminating consumer information through the various mass media.

Nuclear power

Bearing in mind that the "horizontal proliferation" of nuclear power in developing and developed countries is the cause of grave concern; and noting that the present expansion in the transportation of radioactive substances, such as spent nuclear fuel and plutonium, over land, sea and even through the air, is most hazardous and remains a constant threat of future disaster, this General Assembly calls for a moratorium on the expansion of nuclear power and an end to the transport of all nuclear substances until we are fully assured that safety measures can be guaranteed

New information technology

This General Assembly endorses the programme on new information technology established by its Working Group under the World Conference and urges IOCU to carry that programme out and to report to the next Congress.

IOCU should carry out a feasibility study on a worldwide computerised consumer information database: one obvious subject area for such a database is information about dangerous products.

IOCU should with member organisations explore the feasibility of developing shared computerised information programmes which could be used by organisations in two or more countries, for example on saving energy.

Transnationals

This General Assembly adopts the Report of the Working Group on Transnationals and endorses the Action Plan deriving from the meeting.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

Transnational Working Group Action Plan

Ultimate goals

1. To eliminate the anti-consumer practices of transnational corporations.
2. To ensure that TNCs behave in a manner consistent with the eight consumer rights.
3. To secure effective national and international regulation of TNCs.
4. To ensure that the practices of TNCs are for the greatest advantage of the local population.

Aims

1. To ensure the speedy adoption by the United Nations General Assembly of the Draft Guidelines on consumer protection.
2. To establish a consumers' Transnational Monitoring Network to monitor the practices of transnational corporations worldwide.

Scope

1. The network will examine the marketing of inappropriate products such as tobacco, alcohol, junk food, and many pesticides, pharmaceutical products and infant formula and related products.
2. The network will examine inappropriate practices and TNCs' behaviour which affects:
   - TNC involvement in local politics;
   - methods of marketing;
   - impact on the lifestyle of local population.

Strategies

1. Lobby nationally and internationally for the speedy implementation of the UN Guidelines.
2. Develop a programme to monitor and disseminate through the network public announcements of TNCs with respect to anti-consumer practices.
3. Document and disseminate information on anti-consumer practices.
4. Develop corporate case studies.
5. Develop a process for evaluating the effectiveness of the action.

IOCU Congress

IOCU council elections

Founder organisations who automatically have seats on IOCU Council are:

- Association des Consommateurs (Belgium)
- Consumentenbond (Netherlands)
- Consumers' Association (UK)
- Consumers Union (USA)

Elected organisations are:

- Australian Consumers' Association
- Consumers' Association of Canada
- Forbrugerradet (Denmark)
- Stiftung Warentest (West Germany)
- Hong Kong Consumer Council
- Consumer Guidance Society of India
- Histadrut Consumers' Protection Authority (Israel)
- Consumers Union of Japan
- Consumers' Association of Penang (Malaysia)
- Asociacion Mexicana de Estudios para la Defensa del Consumidor (Mexico)

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- Consumers Institute (New Zealand)
- Forbrukerradet (Norway)
- Philippine Consumers Movement Inc.

Council members also appointed the National Consumers League of Jamaica and the Consumers' Association of Bangladesh. A further Council seat will be filled by the Organizacion de Consumidores y Usuarios of Spain on 4th April 1985, when it becomes eligible.

Officers

President: Rhoda Karpatkin, Director of US Consumers Union
Vice-President: Dick Smithies, New Zealand
Honorary Secretary: Pushpa Motwani, India
Treasurer: Dick Westendorp, Netherlands

Standing Committees

Testing	Roland Hüttenrauch Stiftung Warentest West Germany
Development	Carlos Sanchez-Reyes OCU, Spain Arturo Lomeli AMDEC, Mexico
Education	Bishan Singh FOMCA, Malaysia, and Grada Hellman Consumentenbond, Netherlands

Working Groups

Health	Andrew Herxheimer Consumers' Association United Kingdom
Trans-nationals	Allan Asher Australian Consumers' Association
Library and Documentation	Geraldine Ormond Australian Consumers' Association

Consultative Committee

Latin America and Caribbean	Arturo Lomeli AMDEC, Mexico

New Patrons

Katsuko Nomura - Japan
Esther Petersen - United States

New Corresponding Members

Liga de Amas de Casa - Argentina
Liga Accion del Consumidor - Argentina
Coordenadoria de Protecao e Orientacao Consumidor - Brazil
Kuluttajaneuvontaliito R Y - Finland
Kentro Prostasias Katanaloton - Greece
Consumer Education and Research Centre - India
Jagrat Grahak - India
Stichting Consument en Veiligheid - Netherlands
Forbrukerombudet - Norway
Statens Institutt fur Forbruksforsk-ning - Norway
Instituto Nacional de Defensa do Consumidor - Portugal
Federacion de Consumidores de Euzkadi - Spain
Organitzacio de Consumidores I Usuaris de Catalunta - Spain
Consumers Group of Siam - Thailand
Thai Association of University Woman - Thailand
Liga Uruguaya de Defensa del Consumidor Uruguay.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

uprooting trees to make way for manioc and bananas. The problem is compounded by the demand on fuelwood to fire the mainly smallholder-run distilleries. This has led to a 44% loss of wooded areas between 1969 and 1974 and the food-producing lands are now under double threat. (Action for Development, UK, Feb 85) (245/85)

Curry spices found to be good killers of parasites

Spices like black pepper and cinnamon used in preparing curry in South Asian countries are effective in killing parasites, according to research conducted by a group of professors at the pharmaceutical department of Kanazawa University in Japan. Their research showed that the number of parasite carriers in Sri Lanka, where a large amount of spices are used in curry, is smaller than in African countries. In particular, those parasites cause such ailments as liver hypertrophy and deterioration of the eyesight. (Japan Times, Japan, 16.3.85) (246/85)

Smoking

Tobacco companies warned of IOCU's campaign

A major international business magazine has recently warned tobacco companies about the consumer-led campaign against their marketing practices. 'Tobacco MNCs are the latest target of the international consumer movement. Angry at the way cigarette makers promote their products, IOCU has formally launched its fourth network, the Action Group to Halt Advertising and Sponsorship by Tobacco Companies - AGHAST. Its first project will be a study that intends to show how the industry, despite claims to the contrary, is committed to increasing sales in LDCs. Executives should note that the focus will be on advertising and promotion techniques, such as the industry's increasing sponsorship of sports events.' (Business International, USA, 8.3.85) (247/85)

Cheating the smoking machines

A year ago the Barclay cigarette manufacturers managed to postpone the distribution of the February issue of Test Aankoop, a Belgian consumer magazine, because it carried a warning about Barclay's advertising. While a claim for damages is still before the Belgian courts, action against Barclay continues elsewhere. In Geneva, a cantonal court banned the sale of Barclay packages claiming: '1 mg tar, 0,2 mg nicotine' because the claim was fraudulent. The Swiss Federal High Court has now affirmed that Barclay's special filter was probably specifically designed to falsify the objective testing by standard smoking machines. (Test-Aankoop, Belgium, Feb 85) (248/85)

Ban on tobacco advertising and sports sponsorship proposed in UK

A Bill to ban tobacco advertising and sports sponsorship will be introduced in the UK Lords by Lord Pitt, president-elect of the British Medical Association. The BMA, in its campaign against smoking, has also launched a report which shows that, contrary to the tobacco industry's claim, advertising does encourage people to smoke, particularly children. And sponsorship associates sporting prowess and cultural excellence with cigarettes in ways that self-regulated codes of conduct forbid. The report, Cigarette Advertising and Smoking: A Review of the Evidence, by Simon Chapman, an Australian researcher working with IOCU on its AGHAST campaign against tobacco promotion, is available free from the BMA at Tavistock Square, London WC1. (Guardian, Times, UK, 9.3.85) (249/85)

'Dying for a cigarette'

In a letter to the Guardian Simon Chapman, who is working with IOCU's campaign against smoking promotion, AGHAST, describes how, as the famine in North Africa developed in 1984, British tobacco companies were at work in the region, reaping the bounty of their aggressive promotional campaigns. He lists some of the imports of expensive tailor-made cigarettes from Britain from January to September 1984, eg 541 million to the Sudan, 153 million to Ethiopia. (Guardian, 21.2.85) (250/85)

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

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INTERNATIONAL ORGANIZATION OF CONSUMERS UNIONS	"IOCU Working over time: triennal report 1981-1984" The Hague, (January 1985), 32pp.
id.	"Health, Safety and the Consumer: proceedings of the IOCU seminar, Ranzan, Japan, 8-9 April 1983" IOCU, (1983), 118pp.
id.	"Consumers in a shrinking world: proceedings of the 10th IOCU World Congress, The Hague, 22-26 June 1981, IOCU, (1983), 102pp.
SHARMA, Y.	"Health goes up in smoke: few developing countries have taken any serious action to control smoking despite WHO's concern" Health Now, (May 11, 1984) no.3, p.5
SHORT, K.	"Cigarettes in the eighties: what quality is this poison?" Presented, 10th World Congress of IOCU, (1981), 14pp.

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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

EUROPEAN ECONOMIC COMMUNITY (EEC)

The European Economic Community was set up in 1958 to promote the unification of economic activity in the continent, and the list of Directorates-General, (Appendix 2) indicates the vast range of interests in the Commission, in the economic domain, and in others.

The European Commission is the civil service mechanism which defends and implements the Treaty of Rome and all subsequent conventions. The unification of economic activity is undertaken in a variety of ways proposed by the Commission after dialogue with the European Parliament and the Economic and Social Committee, and when agreed, ratified by the Council of Ministers. Thus, the most obvious products of the EEC are documents: reports, statistics, draft bills, minutes of meetings, resolutions, amendments, written questions & replies etc. finally leading to E.E.C. legislation. The whole process is very open, democratic and consultative,and takes a great deal of time, which is one of the main complaints levelled against the bureaucracy in general.

SMOKING

Public Health was not the first consideration in the forming of the European Community, but the Summit Meeting of 1972 gave voice to a feeling that the E.E.C.'s wealth needed to be used for an overall goal - the improvement of the quality of life for all citizens in the Community. Hence came concerns about Environmental Protection, Worker Safety, Consumerism etc. that were not part of the original Treaty. It is still by no means certain that the E.E.C. is constitutionally within its powers when dealing with smoking (TEITGEN), and a reply from Commissioner Ivor Richard (in October 1983) to a Parliamentary question asking by what right the E.E.C. intervenes in this domain could quote no part of the Treaty in support of this activity (BONDE):-

"The Commission's activities to combat smoking are based on decisions made by the Council and representatives of the governments of the Member States meeting within the Council on 16 November 1978 (Health). They are centred on prevention and are implemented by means of studies and exchanges of experience. These activities are also a response to the resolution on the campaign against smoking of 12 March 1982 by which the European Parliament requested the Commission to take specific action in this field."

However, the EEC's concern for the well-being of its population has by custom and usage extended through Public Health to tobacco use, and arguments derived from constitutional law are not likely to carry much weight.

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As Mr. Richard's reply makes clear, the Parliament has been intermittently concerned with smoking over a number of years. Written questions to the Commission were submitted in April 1979 (JAHN), October 1979 (MICHEL), December 1979 (DE VALERA) and June 1980 (O'CONNELL). Although posed in a number of different contexts, the basic question is always the same, i.e. what does the Commission propose to do about the 'smoking problem'?
A frank scrutíny of the answers reveals little more than elegantly drafted procrastination.

The most substantial document from the Parliament was the report of February 1982 (DEL DUCA) which contained a draft resolution, one page of justification, and (as appendices) two previous drafts by PETRONIO and SQUARCIALUPI. Acting on this report the Parliament passed the resolution quoted by Mr. Richard above (EUROPEAN PARLIAMENT), calling for public smoking bans, anti-smoking campaigns & research, standardised constituent labelling, investigation into advertising & sales, and a comparative study into current anti-tobacco legislation in the Community.

Further written questions came in March 1983 (VAN HEMELDONCK, a), May 1983 (BONDE) (VAN HEMELDONCK, b), March 1984 (VAN HEMELDONCK, c), August 1984 (SQUARCIALUPI) November 1984 (MEGAHY) May 1985 (HOON) and September 1985 (LALOR). Further draft resolutions were put forward in January 1984 (HORD, DESOUCHES), but there is no information as to whether they were passed or not.

The discussion at the European Parliament has resulted in some reports and documents from the Commission. The Annual Report for 1981 noted that "The Commission's work in the field of public health, which is being conducted in association with the WHO and the Council of Europe, concentrated on health education - with special emphasis on smoking and nutrition ..." This report did indeed precede a number of documents about smoking, of which the first was a simple survey of the actions currently undertaken against smoking by the Member States up to June 1981, issued in 1982 (EUR 7531, undertaken by DG V). (The reports commissioned from FERON and from DE JONGHE, received in 1979, in a sense may not be taken into account as they were never published). In the same year the Commission published a survey on smoking incidence and trends in the Community (MERZDORF) and an analysis of possible and current anti-smoking strategies (LEVY). These reports created some interest, and in 1982 one could have thought that the European Community was gearing itself for a firmly committed, strongly implemented position against smoking in the E.E.C. This has taken time to materialise.

In 1983, the Council of Ministers issued a draft recommendation about harmonising tobacco product pack warnings, giving minimum surface area, constituent levels, supporting the publication of league tables and requesting reports from Member States.

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In September 1984, the Commission approved a 'communication' to the Council supporting inter-country co-operation on health problems, specifically identifying cigarette smoking. Health Ministers, meeting the following November, had tobacco-smoking on their agenda, and "all Ministers emphasised their pre-occupations and spoke about their national problems and activities." (Observer's report); one would not have expected anything else.

"Europe Against Cancer" (1986)

In November 1985, about a year after the Health Ministers' meeting, the Commission produced a proposed resolution for the Council of Ministers (COM(85) 628 final) on cancer prevention. This proposal, plus the Parliament's report on the resolution (SQUARCIALUPI), plus the 'opinion' of the Economic & Social Committee, represents a very serious attempt to reduce the tobacco custom in Europe. Tobacco smoking has been clearly targetted in all the documents. In the original proposal, the Commission says:

> "No single measure is known that would have as great an impact on the number of deaths attributable to cancer as a reduction in the use of tobacco." " ... It is a matter of urgency to establish a common strategy to reduce the toll of smoking-related diseases."

The Economic & Social Committee included in its 'opinion', the following:

> "Since reduction of tobacco consumption can diminish the risk of cancer by 15%, it is important to take practical measures to achieve this reduction by, for example:
>
> - increasing taxes on tobacco
> - banning tobacco advertising
> - banning indirect tobacco advertising through the sponsorships of sports events
> - enforcing the ban on smoking in certain places ... ."

In late-1985 the Commission convened an ad hoc 'Committee of Experts' to investigate areas in which the E.E.C. could act. At the "Europe Against Cancer" press conference (January 24, 1986) the Committee presented its report, which in section 2 stated categorically

> "the highest priority in cancer prevention should be given to the control and eventual elimination of tobacco."

A separate report will focus on these important developments.

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Influence

Naturally, tobacco appears on the E.E.C. agenda in areas quite distinct from smoking control. In fields such as fiscal harmonisation of tobacco taxes, subsidies to tobacco-growing as part of the Common Agricultural Policy, advertising on television programmes broadcast by satellite etc. the treatment of tobacco is as one among other consumer goods.

The Commission thus has a rather ambivalent stance with respect to tobacco. Given that most decisions, resolutions etc. are not binding on member states, in producing the various reports and Parliamentary debates the EEC has done most of what it can do. As noted in the section on WHO, an exchange of letters about mutual co-operation has taken place, but details are vague. However, the "Europe Against Cancer" plan clearly shows WHO influence (it derives partly from the WHO concept of 'Health for All by the Year 2000') and the intensity of EEC commitment to eradicate tobacco is quite new. Even though, in the first instance, the results may only be more recommendations & resolutions, the pressure that the EEC can bring to bear is quite solid, and may in countries be enough to make the difference between restrictive legislation and no regulation.

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Appendix 1

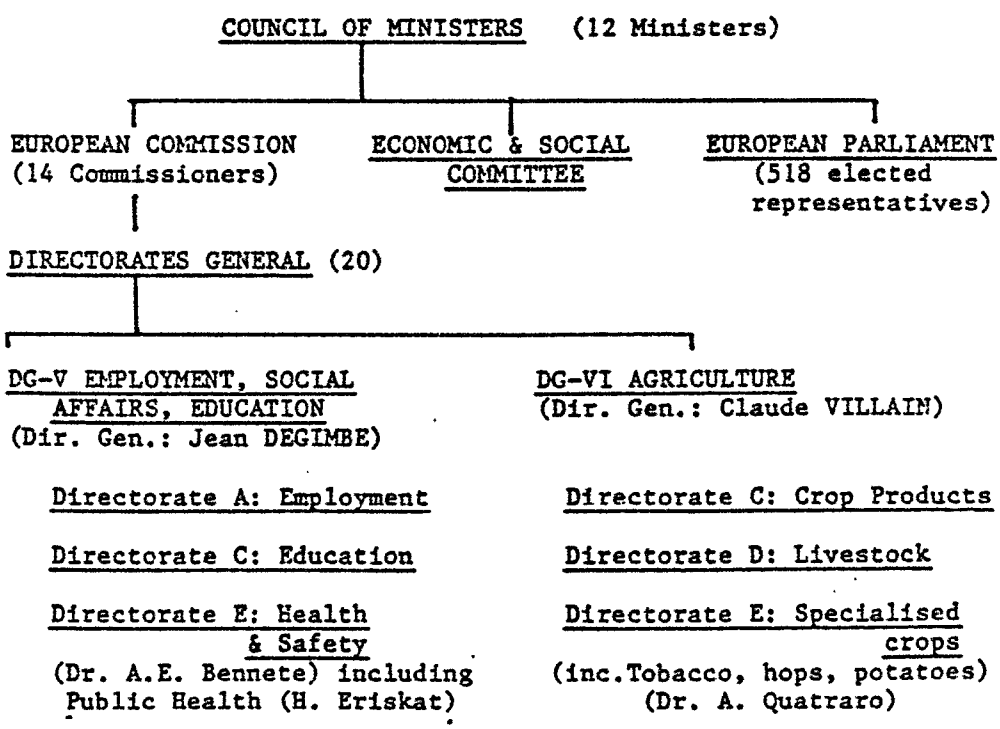
EUROPEAN ECONOMIC COMMUNITY

STRUCTURE

The European Economic Community is an international legislature parliament-civil service established with the aim of removing barriers between the peoples of Europe to enable them to co-operate in improving their common quality of life, especially in economic terms. The participating countries are Belgium, Denmark, Eire, France, West Germany, Greece, Italy, Luxemburg, Netherlands, Portugal, Spain & United Kingdom.

The supreme controlling body is the Council of Ministers (one Ministerial representative from each member state), to which is responsible the European Commission (13 Commissioners, plus a bureaucratic staff of 6,000). In its regulatory proposals the Commission is obliged to take into account the views of the Economic & Social Committee (a liaison body of representatives from trade, industry & the professions) and of the only publicly-elected body in the E.E.C. the European Parliament.

Hence the structure of EEC institutions shown below, the selection of Directorates showing those where tobacco has been involved:



FUNDING

The E.E.C. Budget, controlled ultimately by the Council of Ministers, and often the subject of strong political argument, is contributed jointly by the Member States. The budget for 1985 was almost 29 billion US dollars.

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SQUARCIALUPI, V. (Rapporteur) "Draft report on a proposal for a Council resolution on a programme of action of the European Communities on cancer prevention." European Parliament, Committee on the Environment ... (February 6, 1986) PE 103.781 20pp.

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HOON, G.	"Written question 163/85 to the Commission ... Subject: Community action on Smoking and Health", Official Journal, (March 26, 1985), N° C 84/29.
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LEVY, E.	"Analyse des stratégies actuelles ou envisageables de la lutte anti-tabagique dans les pays de la Communauté européenne", The Commission", (1982), 321 pp., EUR 8031. Published only in French.

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Kjell BJARTVEIT MD DPH

Previously Director of Norway's Mass Radiography Service, Kjell Bjartveit is Chairman of the Statens Tobakkskaderåd (National Council on Smoking and Health). His deputy, and Head of Administration is Arne HAUKNES who is often co-author of articles, and who stands in for Dr. Bjartveit when the latter cannot appear at meetings.

One of the least extreme of the international opinion-leaders, he is still strongly committed to the eradication of tobacco, and his speciality on the international scene is explaining the working and impact of Norway's Tobacco Act. Perhaps because of this he holds the rather dissonant view that it is largely a waste of time to try and quantify the effect of advertising bans in isolation.

He is involved with both WHO and UICC, and is very active in international meetings:-

April 1967	Norway Cancer Society, Committee for Research in Smoking Habits. Chairman. Report issued by UICC in 1969
September 1967	First World Conference on Smoking & Health, New York. Delegate. He was at this time Senior Medical Officer of the National Mass Radiography Service
September 1971	Second World Conference on Smoking & Health, London Delegate
June 1975	Third World Conference on Smoking & Health, New York Speaker
1976	UICC Workshop on Smoking and Lung Cancer, Geneva Participant because of his chairmanship of the N.C.S. committee which produced the report "Influencing smoking behaviour",(see above April 1967). Re-edited by GRAY & DAUBE, this became "Guidelines for smoking control"
1978	International Cancer Congress, Buenos Aires. Member of 'Panel on Smoking Control'
1979	WHO Expert Committee on Smoking Control. Rapporteur. (This body produced the report TR 636 "Controlling the Smoking Epidemic")

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June 1979	Fourth World Conference on Smoking & Health, Stockholm Speaker
December 1982	Philippines National Workshop on Smoking & Health, Manila UICC Speaker
1983	Nominated as Project Chairman "Smoking Control in China" within the UICC Programme on Smoking & Cancer
July 1983	Fifth World Conference on Smoking & Health, Winnipeg Speaker
September 1983	University of Western Australia, International Symposium "Success in smoking control" Guest Speaker
September 1984	Return visit to Western Australia to support legislative effort
September 1984	UICC Seminar on Smoking and Health, Jakarta Speaker and UICC representative
November 1984	6th International Symposium on the Prevention & Detection of Cancer, Vienna Speaker

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Simon CHAPMAN BA PhD

The youngest of the people in this section (he was 15 when the First World Conference took place) Simon Chapman is one of the most forcefully committed anti-smokers, and is extremely active in print.(see bibliography). The thesis he submitted for his doctorate in Social Anthropology (1985) was on the subject of cigarette advertising. His 'baptism by fire' in Australia has led to a confrontational stance, supported by his own research (on advertising), his time as Council member with the Australian Consumers' Association, being a founder-member of the pressure group MOP UP, and being closely associated with the graffiti movement BUGA UP. Although the vagaries of higher research funding has meant that he has moved about a lot, his appointment at the South Australia Department of Health could mean a prolonged period of stability.

1979	University of Sydney. School of Public Health & Tropical Medicine. Principal Researcher
1980	University of Sydney. Department of Preventive and Social Medicine. Lecturer; Research Officer in Sociology & Health Education, Founder member of MOP UP (see article 'David & Goliath story') Founder Member of GASP.
1981	University of New South Wales. School of Public Health & Tropical Medicine. Commonwealth Institute of Health. Research Officer.
1982	Ministry of Health, New South Wales, Advisor. Project Co-ordinator "Quit for Life". Vice President, Australian Consumers' Association.
September 1983	Fifth World Conference on Smoking & Health, Winnipeg Participant as ACA Council Member. (see "Lung Goodbye")
November 1984	WHO/UICC Workshop on Smoking & Health, Khartoum UICC Temporary Advisor
March 1985	2nd International Conference on Health Education & the Media, Edinburgh Speaker.
June 1985	Awarded doctorate in Social Anthropology (thesis on cigarette advertising)

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August 1985	Appointed to IOCU Regional Office, Penang as project co-ordinator of AGHAST programme. (Action Group to Halt Advertising and Sponsorship of Tobacco)
November 1985	Director of Health Promotion, State of South Australia.

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Simon CHAPMAN - Bibliography

1. "Survey of merchandising of cigarettes in New South Wales hospitals and retail pharmacies" Community Health Studies (1980), 4:(1), pp. 48-50.

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Michael DAUBE

Coming to prominence in the movement against tobacco as Director of Action on Smoking and Health (ASH, U.K.) Mike Daube is by far the most vigorous of the international anti-smokers in his use of language. The phrase "merchants of death" applied to the industry was one he created at the Stockholm Conference (June 1979), and all his writings and speeches bear the stamp of a committed activist.

He was with ASH from about 1974 to 1979, then became Senior Lecturer in Health Education (University of Edinburgh, Dept. of Community Medicine) supported financially by the Scottish Health Education Group whose chief now directs the Health Education Council for the whole kingdom. In June 1984 Mr. Daube accepted the appointment as Director, Health Promotion Services, State of Western Australia, where one of his first achievements was to install a "clock" purporting to record the number of deaths taking place due to smoking. His international career is outlined below:-

September 1975	Third World Conference on Smoking and Health, New York Speaker
1976	UICC Workshop on Smoking & Lung Cancer, Geneva. (This meeting was responsible for the "Guidelines on Smoking Control" which Daube edited with Dr. Nigel Gray).
1979	WHO Expert Committee on Smoking Control. WHO Temporary Advisor (This committee produced the report TR 636 "Controlling the smoking epidemic").
June 1979	Fourth World Conference on Smoking & Health, Stockholm Speaker
June 1979	Middle East Anti-Smoking Seminar, Cairo Speaker
September 1979	10th International Conference on Health Education, London Participant
September 1982	13th International Cancer Congress, Seattle Speaker

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1983	WHO Expert Committee on Smoking Control in Developing Countries. Co-Rapporteur. (This body produced the report TR 695 "Smoking control strategies in developing countries").
1983	Appointed Chairman: Project on Smoking Control in the Middle East, within UICC Special Programme on Smoking and Cancer
February 1983	Second Gulf Smoking Control Workshop, Bahrain UICC Speaker
July 1983	Fifth World Conference on Smoking and Health, Winnipeg Speaker
September 1983	University of Western Australia International Symposium "Success in Smoking Control" Guest Speaker
November 1983	UICC Workshop on Smoking Cessation, Belfast (This meeting was responsible for the UICC Technical Report "Guidelines on smoking Cessation")
February 1984	Newspaper feature names him as 'Secretary' of the new pressure group Action on Alcohol Abuse.
June 1984	Moves to Perth to work for State of Western Australia, as Director, Health Promotion Services
August 1985	34th International Congress on Alcoholism and Drug Dependence, Toronto, Speaker

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Mike DAUBE - Bibliography

1. "Towards an advertising ban"
Proceedings, 3rd World Conference on Smoking & Health, New York, (1975), pp. 851-850

2. "Action on Smoking and Health (United Kingdom)"
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12. "Obstacles to health promotion"
Proceedings, 13th International Cancer Congress, Seattle (September 8-15, 1982), p. 375

13. "The 5th World Conference on Smoking and Health: A valuable springboard for future international activity"
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Source: https://www.industrydocuments.ucsf.edu/docs/njhl0000

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BBC Channel 4 'Diverse Reports' (February 8, 1984)

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Nigel GRAY MB BS FRACP

It is the Australian, Dr. Gray, who appears to have done more than any other individual to bring the anti-tobacco movement together in the international sense, to exert pressure on governments and other influential bodies. Active in the Australian anti-smoking movement since before 1970, the experience he gained with organising the voluntary work of the Victorian Anti Cancer Council clearly showed both the potential and the limits of national volunteer organizations (see his speech at the Third World Conference). Starting with the seminal 'Workshop on Smoking & Lung Cancer' in 1976 (which was the first time GRAY, DAUBE, BJARTVEIT, RAMSTROEM & MASIRONI met together in a formal sense), he therefore began to work with and through the UICC as a flexible and single-minded international association, setting in motion the chain of events which has led to the formation of an International Liaison Group on Smoking and Health with himself as Chairman. The UICC Workshops were his idea, and also the Programme on Smoking and Cancer, with what are virtually Regional Co-ordinators for specific areas; he edited the first & second versions of "Guidelines on Smoking Control". He has done his share of speaking at meetings, of course, but his special contribution is to organise the integration of the disparate elements of the anti-tobacco movement into the most organic whole that it could be, short of being one big centralised body.

June 1975	Third World Conference on Smoking & Health, New York. Speaker. In the participants' list his title was given as Director, Anti-Cancer Council of Victoria, which is apparently his preferred designation. As early as 1972 Dr. Gray was already claiming that 90% of all lung cancer deaths were caused by smoking.
1976	UICC Workshop on Smoking & Lung Cancer, Geneva. Chairman. (This meeting produced the report "Guidelines for Smoking Control" edited by Gray with Mike Daube).
1978	UICC World Cancer Conference, Buenos Aires Speaker
1978	Appointed Chairman of UICC Special Project (now Programme) on Smoking & Cancer
1979	WHO Expert Committee on Smoking Control, Rapporteur. (This committee produced the report TR 636 "Controlling the Smoking Epidemic")
June 1979	Fourth World Conference on Smoking & Health, Stockholm Speaker

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June 1979	Middle East Anti-Smoking Seminar, Cairo Speaker
1980	Listed as scientist co-operating with IARC
August 1981	UICC Conference on Cancer Prevention in Developing Countries, Nagoya. Speaker
September 1982	13th International Cancer Congress, Seattle Speaker
1983	Chairman, Scientific Committee of IARC
July 1983	Fifth World Conference on Smoking & Health, Winnipeg Speaker. Appointed Chairman : International Liaison Group on Smoking & Health, under UICC Sponsorship
September 1983	University of W. Australia International Symposium "Success in smoking control", Perth Speaker
September 1984	UICC Seminar on Smoking & Health, Jakarta Speaker
November 1984	6th International Symposium on Prevention & Detection of Cancer, Vienna Session Chairman

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Nigel GRAY - Bibliography

1. "The role of the voluntary organization"
Proceedings 3rd World Conference on Smoking and Health, New York (1975), pp. 921-928.

2. "Effects of advertising on cigarette and alcoholic beverage consumption"
Medical Journal of Australia (November 15, 1975), p. 782.

3. "Patterns of tobacco smoking in Australia"
The Medical Journal of Australia (November 29, 1975) 2: pp. 819-822.

4. "Cigarette smoking, tar content, and death rates from lung cancer in Australian men"
The Lancet (May 31, 1975) 1:(7918), pp. 1252-1253.

5. "The UICC special project on smoking and lung cancer"
UICC Bulletin on Cancer, (March 1977), pp. 1-2.

6. "Progress and trends in smoking control"
Proceedings, 4th World Conference on Smoking and Health, Stockholm (1979), pp. 128-141.

7. "Attitudes and smoking habits of dentists in Victoria"
Australian Dental Journal (1979), 24:(3), pp. 143-145.

8. "Smoking, a world-wide major health problem"
Proceedings, Middle East Anti-smoking seminar, Cairo, (June 6-8, 1979), pp. 6-11

9. "Guidelines on Smoking Control" 2nd ed. UICC, (1980) 165pp.

10. "Analysis of target populations"
Proceedings, UICC Regional Workshop on Smoking and Health in S.E. Asia, (November 20-22, 1981) 1p.

11. "International view on smoking"
Proceedings, UICC Regional Workshop in Smoking and Health in S.E. Asia, (November 20-22, 1981) 7pp.

12. "Smoking: the role of Government"
Medical Journal of Australia (January 9, 1982) 1:(1) pp. 6-7

13. "The tobacco industry has subverted virtually the whole of the sporting administration of this country"
Channel Nine (Victoria, Australia) "New Today" (March 11, 1982), 3pp.

14. "Report UICC Smoking Control Workshop Nagoya, Japan, August 1981"
AOKI, K. (Ed.) Cancer Prevention in Developing Countries, Univ. of Nagoya Press (1982), pp. 403-404.

15. "Patterns of tobacco-smoking in Australia"
Medical Journal of Australia, (January 9, 1982) pp. 23-24.

16. "Special project on smoking and cancer"
UICC Bulletin (August, 1982) 20:(3) Activities Report 1980-82.

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17. "Lung cancer prevention: why, where and how the UICC has tried to assist this political and cultural process"
Proceedings, 13th International Cancer Congress, Seattle (September 8-15, 1982), p. 652.

18. "Corporate black sheep: Ending the dependence on cigarette sponsors"
The Medical Journal of Australia (March 5, 1983), pp. 195-196.

19. "Programme concernant le tabagisme et le cancer" (Programme concerning tobacco and cancer)
UICC News (September 15, 1984), 2:(3-4), pp. 34-36

20. "Discussion about smoking, especially passive smoking"
RADIO 2GB (July 3, 1984) 9.30 a.m.

21. "Australian patterns of tobacco smoking and related health beliefs in 1983"
Community Health Studies, (1984) 8:(3), pp. 307-316

22. "Smoking and cancer programme"
UICC News (September 15, 1984), 2:(3/4) pp. 33-35.

23. "Strategies for smoking control"
Presented, WHO/UICC Seminar on Smoking & Health, Jakarta, (September 14-15, 1984), 9p.

24. Smoke gets in your eyes" (correspondence), Medical Journal of Australia, (May 26, 1984), p. 684

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Roberto MASIRONI PhD

Althcugh apparently trained as a physiologist in the U.S.A. (he was a faculty member at Emory University Medical School, Department of Physiology), within the WHO organistion Dr. Masironi is an international civil servant, whose rôle and title is given as 'Co-ordinator, WHO Programme on Smoking and Health'. This programme reports directly to the Director of the Division of Non-Communicable Diseases (NCD). This is not to deny his own personal convictions or his commitment to the cause, but his own rôle is as a servant of an international bureaucracy. Typically his activities are concerned with documentation, submitting reports, and administrative support for international meetings. The irregular bulletin "Tobacco Alert" comes from his unit, as have reports (Developing Countries; Smoking in the Young), guidelines on conducting surveys on smoking etc. and his activities including involvement in all three major WHO reports on smoking. He does sometimes speak at meetings where his tone is sober and factual.

1975	WHO Expert Committee on Smoking and its Effect on Health. Secretary. (This meeting produced the report TR 568 "Smoking and its effects on health").
1976	UICC Workshop on Smoking and Lung Cancer, Geneva Participant.
1979	WHO Expert Committee on Smoking Control. Secretary (This meeting gave rise to the report TR 636 "Controlling the smoking epidemic").
June 1979	Fourth World Conference on Smoking & Health, Stockholm Speaker. At this time he was still attached to the Cardiovascular Diseases Unit at WHO
September 1980	1st European Symposium on Lung Cancer, Chalkidiki Speaker
November 1981	WHO Conference on Tobacco and Youth, Venice Speaker
November 1981	WHO Workshop on Smoking & Health issues in developing countries. Colombo Secretariat
1983	WHO Expert Committee on Smoking Control in Developing Countries. Secretary. (This body produced TR 695 "Smoking control strategies in developing countries")

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July 1983	Fifth World Conference on Smoking & Health, Winnipeg. Dr. Masironi presented the Director-General's message to the conference.
November 1983	WHO/IATA/ICAO consultative meeting, Geneva. Participant. (The meeting produced a report on aircraft cabin air quality).
June 1984	WHO International Seminar on Smoking & Health, Lusaka Speaker
September 1984	UICC Seminar on Smoking & Health, Jakarta Speaker
October 1984	Member of International Union Against Tuberculosis Committee on Smoking and Health
November 1984	WHO/UICC Workshop on Smoking and Health, Khartoum WHO Secretariat
August 1985	34th International Congress on Alcoholism & Drug Dependence. Toronto. WHO representative.

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Roberto MASIRONI - Bibliography

1. "Controlling the smoking epidemic: a summary of the report of a WHO expert committee"
WHO Chronicle (1979), 33: pp.322-325

2. "Cigarette smoking in young age groups: geographic prevalence"
World Health Organization (1982), WHO/SMO/82.3, 22pp.

3. "International action in fighting the tobacco smoking epidemic: the rôle of WHO"
Proceedings, 1st European Symposium on Lung Cancer, Chalkidiki, (September 1980), Excerpta Medica, (1982), pp. 18-31.

4. "Smoking in developing countries"
World Health Organization, (1983), WHO/SMO/83.1, 53pp.

5. "WHO action in smoking control"
WHO/UICC Seminar on Smoking and Health, Jakarta, (September 14-15, 1984), 7p.

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Lars RAMSTRÖM PhD

Even by 1967 Dr. Ramström was Director-General of the NTS in Sweden (Nationalföreningen för upplysning om Tobakkens Skadeverkningar; National Association for Smoking and Health). This means that he has been a leader in the movement against tobacco for nearly 20 years, so it is not surprising if he has accumulated a great deal of experience in that time. Material on his background is difficult to obtain, but his doctorate is apparently not in medicine.

Dr. Ramström has been called on to explain Sweden's anti-tobacco legislation (rather like his colleague Dr. Bjartveit), but is not a 'specialist' in this area, as he has also given presentations on tobacco smoke and air quality, educational activity in changing smoking habits, and lung cancer epidemiology. He was among the first to focus on the the 'social cost' issue by claiming that smoking reduces the GNP. He works mainly via the WHO, but also with the UICC, and has also contributed to meetings where neither body was in evidence.

September 1967	First World Conference on Smoking & Health, New York Delegate.
September 1971	Second World Conference on Smoking & Health, London Delegate.
1974	WHO Expert Committee on Smoking & Health, Geneva Temporary Advisor. (The meeting produced the first WHO Report TR 568 "Smoking and its effects on health").
June 1975	Third World Conference on Smoking & Health, New York Speaker.
December 1976	UICC Workshop on Smoking & Lung Cancer, Geneva Participant. (This meeting produced the first "Guidelines on Smoking Control").
1979	WHO Expert Committee on Smoking Control, Geneva Committee Member. (This committee produced TR 636 "Controlling the smoking epidemic").
July 1979	Fourth World Conference on Smoking & Health, Stockholm Organiser and Speaker.

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September 1979	10th International Conference on Health Education, London Participant.
May 1980	Congress: Smoking & Health - political, preventative and therapeutic aspects, Bonn Contributor
September 1980	International Symposium of Socialist countries on Smoking & Health, Łodz. WHO Representative.
March 1981	International Conference on Health Education & the Media, Edinburgh Speaker.
November 1981	WHO Conference on Tobacco and Youth, Venice Speaker.
November 1981	WHO Workshop on Smoking & Health Issues in Developing Countries, Colombo WHO Secretariat.
November 1981	WHO meeting on Prevention & Control of Lung Cancer, Geneva Temporary advisor, Cancer Unit.
April 1982	WHO International Conference on Tobacco & Health, Mbabane Speaker.
September 1982	Societas Europea Pneumologia, Meeting on Lung Cancer, Knokke Speaker.
1983	WHO Expert Committee on Smoking Control in Developing Countries. Committee Member. (This meeting produced the report TR 695).
March 1983	1st Annual ECP Symposium 'Tobacco and Cancer', Brussels Speaker.
July 1983	Fifth World Conference on Smoking & Health, Winnipeg Speaker.
November 1983	Consultative meeting WHO/IATA/ICAO on Aircraft cabin air quality, Geneva WHO Temporary Advisor.
January 1984	International Symposium (Tokai University) on Indoor Air Pollution, Nitrous Oxides and Smoking, Lyngby WHO representative.
June 1984	WHO International Seminar on Smoking & Health, Lusaka Speaker.

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August 1984	3rd International Conference on Indoor Air Quality & Climate, Stockholm Speaker.
November 1984	6th International Symposium on Prevention & Detection of Cancer, Vienna Speaker.
November 1984	WHO/UICC Workshop on Smoking & Health, Khartoum WHO representative.

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Lars RAMSTROM - Bibliography

1. "New ideas introduced in Sweden's tobacco labelling act"
National Smoking and Health Association, (June 22, 1976), 4pp.

2. "New ideas in Sweden's tobacco labelling act"
World Smoking and Health (Fall/Winter 1976), 1:(1), pp. 28-31.

3. "Smoking reduces Gross National Product"
World Smoking and Health (1977), 2:(2), pp. 9-14.

4. "Sweden's 25-year programme to eliminate smoking - activities and success to date"
Tobacco and Us (June 1979), pp. 6-13.

5. "Sweden's 25-year programme to eliminate smoking - activities and success to date"
Canadian Council on Smoking and Health Newsletter (January 1979), 5:(1), pp. 7-18.

6. "Tobacco habits in Sweden - summy of a project report"
Tobacco and Us (June 1979), pp. 4-5.

7. "Educational approaches to the prevention of smoking in young people"
Problemy Higieny, Polish Society of Hygiene, (1980), pp. 97-99.

8. "Main tasks in the anti-smoking fight"
Problemy Higieny, POlish Society of Hygiene (1980), pp. 19-20.

9. "Designing multi-media programmes for the prevention of smoking", Health Education and the Media, proceedings of an international conference, (March 1981), Pergamon P., (1981), pp. 159-168.

10. "Tobaksnytt fraan Sverige (Tobacco news from Sweden"
Tobakken og Vi (1982), No. 4, pp. 46-48

11. "Viewpoints on smoking control programmes in developing countries"
Proceedings, International Conference on Tobacco and Health, Mbabane, Swaziland, (April 26-28, 1982), 5pp.

12. "Afrika boerjaar motverka roekingen" (Africa goes to work to fight smoking)
Tobaken Och Vi (1983), 28:(2), pp. 8-11.

13. "Exposure to environmental tobacco smoke (ETS) in aircraft"
World Health Organization (December 1983), WHO/SMO/84.2, 20pp.

14. "Smokers' and non-smokers' preception of passive smoking and certain control measures"
'Indoor Air' Proceedings of 3rd International Conference on Indoor Air Quality & Climate (August 1984) Vol.2, pp. 345-350.

15. Population scale evidence that smoking control can prevent lung cancer"
Abstracts, 6th International Symposium on Prevention and Detection of Cancer, (November 26-29, 1984), p. 490.

16. "Handlingsprogram i tobaksfraagan för företagshälsovaarden"
Tobaken Och Vi (1985) 30:(1), pp. 6-10.

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APPENDIX 1

ANTI-SMOKERS of LONG STANDING

Personalities attending the First World Conference on Smoking and Health, New York 1967, and still active in 1986.

Dr. K.P. BALL (U.K.) Dept. of Community Medecine, Central Middlesex Hospital, London.

Mr. John BANZHAF III (U.S.A.) Director, Action on Smoking & Health, Washington DC.

Mr. Allan ERICKSON (U.S.A.) Co-ordinator, Tobacco & Cancer Programme, American Cancer Society, New York.

Mr. Emerson FOOTE (U.S.A.) Previously McCann Erickson Inc.; Board of Directors, American Cancer Society, New York.

Professor W.F. FORBES (Canada) Professor of Statistics, Univ. of Waterloo, Ontario; President Canadian Council on Smoking & Health.

Mr. Lawrence GARFINKEL (U.S.A.) Vice President, Epidemiology & Statistics, American Cancer Society, New York.

Sir George GODBER (U.K.) Previously, Chief Medical Officer, Dept. Health & Social Security, London.

Dr. E.C. HAMMOND (U.S.A.) Epidemiologist, Mount Sinai School of Medicine, New York.

Dr. Takeshi HIRAYAMA (Japan) Head, Epidemiological Dept., National Cancer Institute, Tokyo.

Dr. D. HOFFMAN (U.S.A.) Associate Director, Division of Environmental Carcinogenics, American Health Foundation, Valhalla, New York.

Dr. Daniel HORN (U.S.A.) Previously, Director, National Clearinghouse on Smoking & Health, Bethesda, MD.

Mr. Irving RIMER (U.S.A.) Vice President, Public Information, American Cancer Society, New York.

Dr. R.T. RAVENHOLT (U.S.A.) Asst. Director Epidemiology & Research, National Institute on Drug Abuse, Rockville, MD.

Dr. F.R. WAKE (Canada) Professor of Psychology, Carleton University, Ottawa. Chairman, Programme Committee, 5th World Conference on Smoking & Health.

Dr. E.L. WYNDER (U.S.A.) President, American Health Foundation, New York.

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INTEGRATED INTERNATIONAL ACTIVITY AGAINST THE USE OF TOBACCO

SITUATIONS WHERE THE LEADING PERSONALITIES HAVE CO-OPERATED WITH EACH OTHER

EVENT	BJARTVEIT	CHAPMAN	DAUBE	GRAY	MASIRONI	RAMSTROEM
1967 - 1st World Conference on Smoking & Health, New York.	Delegate					Delegate
1971 - 2nd World Conference, London	Delegate					Delegate
1975 - WHO Expert Committee. Report TR 568 "Smoking & its effect on health"					Secretary	Advisor
1975 - 3rd World Conference	Speaker		Speaker	Speaker		Speaker
1976 - UICC Workshop on Smoking and Lung Cancer: produced the report "Guidelines for smoking control"	Member		Member	Chairman	Member	Member
1978 - International Cancer Congress, Buenos Aires	Panel Member			Speaker		
1979 - WHO Expert Committee. Report TR 636 "Controlling the smoking epedimic"	Rapporteur		Advisor	Rapporteur	Secretary	Member
1979 - Middle East Anti-Smoking seminar Cairo			Speaker	Speaker		
1979 - 4th World Conference - Stockholm	Speaker		Speaker	Speaker	Speaker	Organiser
1979 - 10th International Conference on Health Education, London			Delegate			Delegate

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Event	BJARTVEIT	CHAPMAN	DAUBE	GRAY	MASIRONI	RAMSTROM
1981 - WHO Conference on Tobacco & Youth, Venice					Speaker	Speaker
1982 - 13th International Cancer Congress, Seattle			Speaker	Speaker		
1983 - 5th World Conference, Winnipeg	Speaker	IOCU rep.	Speaker	Speaker	WHO rep.	Speaker
1983 - WHO Expert Committee. Report TR 695 "Smoking control in developing countries"			Rapporteur		Secretary	Member
1983 - UICC Smoking control Programme	Co-ordinator China		Africa & Mid. East	Chairman Int. Liaison Committee		
1984 - UICC seminar on Smoking & Health, Jakarta	UICC rep.			Speaker	Speaker	
1984 - International Symposium, Prevention & Detection of Cancer, Vienna	Speaker			Session Chairman		Speaker
1984 - UICC/WHO Workshop on Smoking & Health, Khartoum		Advisor			WHO Secretariat	Speaker
1985 - 2nd International Conference on Health Education & the Media, Edinburgh		Speaker				Speaker

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